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|  | Healthy Retail Access Program Application  City of Madison |  |

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| APPLICANT INFORMATION | | | | | | |
| Primary Contact Name: | | |  | | | |
| Total Project Amount: | | |  | | | |
| Healthy Retail Funds requested: | | |  | | | |
| Agency/Organization/Group Name (Legal Entity Name) and Address: | | | | | | |
|  | | | | | | |
| Telephone #: |  | | | Email: |  | |
| Applying as a: | | | | | | |
| Retailer | | | | | | |
| Non-Retail Organization | | | | | | |
| Are you a SNAP-approved retailer through the US Department of Agriculture (USDA)? | | | | | | |
| Yes | USDA FNS #: |  | | | |  |
| No – if no, do you plan on becoming a SNAP-approved retailer? | | | | | | |
| PROJECT INFORMATION | | | | | | |
| You may attach additional information at the end of this application. Photographs, price estimates, testimonials, and other secondary sources are highly recommended. | | | | | | |
| 1. Please describe, in detail, the proposed project (500 word maximum): | | | | | | |
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| 1. What are the top three objectives of this project? Please refer to the HRAP program goals below: (500 words maximum)  * Increasing healthy food access to low-income individuals and families * Supporting food enterprise development and entrepreneurship * Increasing healthy food choice and improving health outcomes * Increasing culturally appropriate foods in identified Areas of Focus   *Examples:*  *1. Become a certified SNAP-approved retailer within 6 months of receiving funding*  *2. Increase fresh food inventory by 25% within the first year* | | | | | | |
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| 1. LETTERS OF INTENT AND SUPPORT ARE STRONGLY RECOMMENDED – PLEASE ATTACH  * Letters of Intent provide commitment from a partner showcasing their intent to provide services towards project goals * Letters of Support conveys enthusiasm for the project from community stakeholders. | | | | | | |
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| 1. Do you want to be connected to the City of Madison Office of Business Resources to learn more about business development? | | | | | | |
| Yes  No | | | | | | |
| If so, please indicate your areas of interest below and staff will follow-up with you: | | | | | | |
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Please provide a general timeline in the table below:

| Activity Description | Estimated Start and Completion Dates |
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| BUDGET SUMMARY | |
| Please include a project budget that includes: | |
| * Construction costs * Materials costs * Labor costs * Descriptions for how City dollars would be utilized | * Itemized list of any in-kind donations from other funders, lenders, or supporters that are contributing to the project. * Attach: Price estimates for all City funding requests |

| Item | Description | Total Cost | Amount of City Dollars Requested | Amount of Other Revenues/In-kind Support |
| --- | --- | --- | --- | --- |
| *Example: Cooler* | *Walk-in 6x10* | *$5,000* | *$5,000* | *$0* |
| *Example: Labor for Cooler Install* | *6 hours* | *$750* | *$0* | *$750* |
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| Total Costs | |  |  |  |

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| SUPPLEMENTARY MATERIALS (Optional) |
| Please include any additional materials that may clarify, strengthen, or support your application. Photographs, price estimates, testimonials, and other secondary sources are highly recommended. Additional materials can also be attached as appendices via Word Doc, PDF, Excel spreadsheet, etc |
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