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



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| Applicant Information | | | | | |
| **Primary Contact Name:** |  | | | **Total Project Amount:**  **Healthy Retail funds requested:**  **(Max. $35,000)** | |
| **Agency/Organization Group Name (Legal Entity Name) and Address:** | | |  | | |
| **Telephone #:** |  | | | **Email:** | |
| **Applying as a:** | | **Retailer** | | | **Organization  (Must Fill out Form A)** |
| **Are you a SNAP-approved retailer through the US Department of Agriculture (USDA)?** | | **YES**  **USDA FNS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **NO** |
| **PROJECT INFORMATION** | | | | | |
| **Please limit each answer to the space provided. You may attach additional information related to the questions and budget to this application.** | | | | | |
| **Please describe, in detail, the proposed project:** | | | | | |
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| **Please describe how the project improves access to healthy food in the neighborhood you serve:** | | | | | | |
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| **Please describe any organizational partners or other collaborators and their relationship to the project:** | | | | | | |
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| **Please take some time to describe the types of technical assistance that you may need to help with completing the project. Some examples of technical assistance include: Business plan development, marketing assistance, financial planning, grant-writing assistance, market research, book-keeping, project management, etc.:** | | | | | | |
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| **Please indicate a general timeline for the project:** | | | | | | |
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| **BUDGET SUMMARY**  **Please Include a project budget that includes items such as construction costs, materials, labor, etc. Please include specifically how city dollars would be utilized within the project budget. Also include other funders, lenders, or in-kind supporters that are contributing to the project.** | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Item** | **Total Cost** | **Labor Cost (Estimate, if not available)** | **Amount of City Dollars Requested** | **Amount of Other Revenues/In-kind Support** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | | | | | |

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| FORM A | | | |
| 1. **Please list the retailer(s) and location(s) that are directly working with and/or for this project:** | | | |
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| 1. **Please specifically describe the organizational support that you are providing to the retailers as a part of this project proposal:** | | | |
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| **LETTER OF INTENT** | | | |
| **Please attach a letter, signed by the owner or manager for the retailer(s) involved that describes their active participation in the project.** | | | |
| Disclaimer and Signature | | | |
| I certify that my answers are true and complete to the best of my knowledge. | | | |
| Signature: |  | Date: |  |