



**2021 City of Madison Community Food Access
Competitive Grants Program Application**
Deadline: Fri Jan. 29, 2021 @ 5:00PM



Submit to George Reistad, Food Policy Director: mfpc@cityofmadison.com

COVER LETTER (500 words or less)

Please submit a separate cover letter on organizational letterhead that provides a brief overview of your Community Food Access – Competitive Grants Program (CFA-CGP) proposal and includes:

- The amount of CFA-CGP funding requested
- How your organization will use CFA-CGP funding to meet community food needs and how your organization engaged community members to verify need(s)
- If applicable, how your organization has pivoted it's approach to serving community food systems needs during the COVID-19 pandemic and how this proposal aligns with funding needs spurred by COVID-19 and any changes to your organizational project approaches

PART I: APPLICANT INFORMATION

Title of Proposal:

Total Funding Amount Requested (max. \$25,000):

Capital Funding* Requested (max \$15,000):

Operating Funding** Requested (max \$10,000):

**Capital funding includes expenditures like equipment, inventory (food, supplies, etc), vehicles, etc.*

*** Operating Funding includes expenditures like wages, stipends, rent/mortgage, etc.*

Agency/Organization/Group Name (Please provide the full, legal business name):

Address:

Contact Person (Name):

Telephone number:

Email:

Is your group a 501 (c)(3)? ☐ YES ☐ NO

Is your group Incorporated under Chapter 181 Wisc. Stats.? ☐ YES ☐ NO

If no to above, do you have a fiscal agent? ☐ YES _____ ☐ NO

PART II: PROJECT DETAILS

The following questions are about the details of your proposal and your partners. We look to fund focused, innovative proposals around a variety of community food systems issues. Please answer each question in no more than 250 words.

1. What is your proposal and what does it seek to accomplish?

2. Who will you work with on implementing this proposal? (e.g. funders, potential participants, other organizations or groups offering services in the same area, and/or governmental bodies)

PART III: COVID-19 RESPONSE, COMMUNITY IMPACT, RACIAL EQUITY AND SOCIAL JUSTICE

The following questions are about who your proposal reaches and the potential impacts to individuals and communities (direct, indirect; intended, unintended). Priority is given to proposals that are:

- (1) Meeting identified needs caused/exacerbated by the COVID-19 pandemic*
- (2) Serving neighborhoods identified as [Food Access Improvement](#) areas of focus*
- (3) Impacting under-served/under represented communities in Madison.*

Please answer questions below in no more than 250 words

3. What areas of Madison will your proposal serve? (Check all that apply):

- ☐ Specific neighborhood(s), please list:
- ☐ General areas of Madison:
 - ☐ South Madison
 - ☐ East Madison
 - ☐ North Madison
 - ☐ West Madison
- ☐ All of Madison
- ☐ Dane County (outside Madison)
- ☐ Outside Dane County
- ☐ Other (please describe):

4. Please describe how your project/program will operate within the area(s) denoted above (e.g. project/program will work within a specific community center, faith community, etc). **Please use this response to describe any COVID-19 related activities in more detail.**

5. Please describe how this proposal will serve the residents of the area(s) you are working in.

6. How have members of these communities been engaged with and helped to inform the approach of the proposed project/program and/or how do you plan on engaging them in those processes?

7. Please explain the beneficial impacts of your proposal to Communities of Color and/or low-income communities:

PART IV: EVALUATION

The following section is about the specific goals of your proposal and how you will measure them to determine project/program success. We look for projects/programs with clear goals and ways to measure the progress towards those goals. Please answer each question in no more than 250 words

8. What are the goals of your proposal? These goals can be quantitative and/or qualitative.

9. How will you measure progress towards your goals? Please list at least 3 specific measures and/or benchmarks that will be used. Ideally these will relate to the goals listed above. *(NOTE: these measures will be used in the Community Food Access – Competitive Grants Program follow up evaluation form)*

PART V: FINANCIAL NEED

The following questions are in regards to the use of Community Food Access – Competitive Grants Program funds and overall budget of the proposal. Priority is given to proposals that demonstrate the following:

- (1) CFA-CGP funding is essential to a project/program feasibility and success*
- (2) Verification that city funds will be matched by another source*
- (3) Clear plans for project/program sustainability.*

Please answer questions in no more than 250 words.

10. Please describe specifically how the funds from this grant would be used to implement your project/program:

11. Please outline how CFA-CGP funds are essential to making your project/program a reality:

12. What other funding sources have you sought and/or received to support this project/program? Please describe if any other sources you are pursuing are matching funds contingent on securing city funds.

13. How do you anticipate financially continuing the project/program in future years? How would you adapt the project/program if your organization is not able to secure the full funding needed?

BUDGET SUMMARY			
Item Description	Total Cost of Line Item	City Grant Dollars Requested	Funds Needed, Pending, or Secured
EXAMPLE Program Coordinator (.5 FTE)	\$20,540.00	\$7,500.00	\$13,040.00 (SECURED)
EXAMPLE Packaged, hot meals (4,000 meals @ \$6/meal)	\$24,000.00	\$12,000.00	\$12,000.00 (PENDING MATCHING FUNDS)
TOTAL AMOUNTS	\$44,540.00	\$19,500.00	\$25,040.00

PERSONNEL CHART*		
*While not required if you are not requesting operational dollars for staffing costs, outlining staff FTE and hourly wage costs is useful information for grant reviewers		
Title of Staff Position	F.T.E. *	Proposed Hourly Wage
EXAMPLE Program Coordinator	50%	\$19.75/hr.
TOTAL		

*F.T.E = Full Time Equivalent employee = 2080 hours = 1.00 F.T.E.

PART V: DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
Signature:	Date: