



# 2020 City of Madison SEED Grant – COVID-19 Addendum\*

Deadline: Wednesday, April 1, 2020 @ 5PM

Submit to George Reistad, Food Policy Director:

[greistad@cityofmadison.com](mailto:greistad@cityofmadison.com)

608-572-7281 (cell)

*\*If your original 2020 SEED Grant application accurately reflects the work your organization is doing/will do in light of the COVID-19 emergency you are not required to fill out the addendum. Please notify me via email or phone that your original application should stand as submitted.*

## ADDENDUM LETTER (750 words or less)

Please provide an overview of your organizational efforts with regards to the COVID-19 public health emergency:

### 1. Who Are You Serving and How?

- a. How will your project/program serve community food access and distribution needs?
  - i. What is your org doing/planning to do?
  - ii. Who is it serving/who will it serve?
  - iii. If it is not yet operational, when will it be?

### 2. Who Are You Working With?

- a. What are your organizational/business partners and collaborations
- b. How have you worked with residents?

### 3. What Do You Need and How Much Does it Cost?

- a. The amount of SEED Grant funding requested and how the funds will be used
  - i. Grants are still capped at \$10,000
- b. Please fill out the 'Financial Need' and 'Budget Summary' sections below as well

## PART I: APPLICANT INFORMATION

Title of Proposal:

Amount Requested (max. \$10,000):

Agency/Organization/Group 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

**FINANCIAL NEED**

Please describe specifically how your organization would use the funds from this grant to support food access and distribution efforts for residents affected by the COVID-19 public health emergency.

**BUDGET SUMMARY**

Budget Item Description	Total Cost per Item	SEED Grant Dollars Requested	Other Funding Amounts
<b>TOTAL AMOUNTS</b>			

**PERSONNEL CHART**

Title of Staff Position	F.T.E. *	Proposed Hourly Wage
<b>TOTAL</b>		

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