

**Market Match Application**

All information provided in this application will be kept confidential.

**1. Applicant Information**

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| --- | --- | --- |
| **Authorized Representative** | First Name | Last Name |
| **Title** |  |
| **Legal Name of Organization/Market** |  |
| **Organization/Market Data Universal Number System (DUNS)**If you do not have one, you can [obtain one here.](http://fedgov.dnb.com/webform/displayHomePage.do) |  |
| **Address** |  |
| **City** |  |
| **Zip Code** |  |
| **Phone Number** |  |
| **Email Address** |  |
| **Website** |  |
| **Org Type****e.g. non-profit 501(c) 3** |  |
| **Type of Market Match sites (check all that apply)** | * Certified Farmers’ Market
* Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**Person to (also) be contacted on matters involving this application if not same as above:**

|  |  |  |
| --- | --- | --- |
| **Name** | First | Last |
| **Title** |  |
| **Address** |  |
| **City** |  |
| **Zip Code** |  |
| **Phone Number** |  |
| **Email Address** |  |

**2. Site Information**

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| --- | --- |
| **Total number of sites you operate (or work with, for third-parties):** |  |
| **Total number of sites at which you want to offer Market Match in 2020:** |  |
| **In the space below, please provide a short description of your site(s) (200 words or less)** |
|  |
| **If you are not a site operator (farmers’ market operator or farm) please explain the relationship between your organization and the sites below (200 words or less)**  |
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| **Are any of your markets in a USDA Promise Zone? YES NO** |
| **If YES, please indicate on *Attachment B: Site Information*** |

**Use *ATTACHMENT B, Site Information* to provide information for all sites where you are applying to offer Market Match.**

PromiseZone refers to designated high-poverty communities “where the federal government will partner with and invest in communities to create jobs, leverage private investment, increase economic activity, expand educational opportunities, and improve public safety.” See  <https://www.hudexchange.info/programs/promise-zones/> for more information.

In California, Promise Zones are in the Los Angeles neighborhoods of Pico Union, Westlake, Koreatown, Hollywood, and East Hollywood, as well as certain communities in Sacramento and San Diego.

**3. Capacity and Existing Infrastructure**

***If you are a farmers’ market operator, or working with farmers’ markets, please include the market’s policies, rules, and regulations with the application materials.***

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| **Number of years offering SNAP EBT at your site(s). Please list separately for each site.** |
| **Who does the bookkeeping for your SNAP EBT program or do you plan to hire someone for this grant?** |
| **How many hours per week does/will your bookkeeper work?** |
| **How are vendors reimbursed and how often does it happen?** |

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| **Do you have a paid staff person operating your SNAP EBT system? (Circle or Highlight)** YES NO |
| **What is their FTE (Full Time Equivalent)?** |
| **If NO, who is responsible for SNAP/EBT at your site?** |

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| **Do you have experience working with the Ecology Center? YES NO** |
| **If YES, how?** |

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| **Have you ever received a state or federal grant? YES NO** |
| **If YES, please describe.** |

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| **Do you have experience with a SNAP incentive program? YES NO** |
| **If YES, in the space provided below, please explain your experience offering a SNAP incentive program.** |
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**4. SNAP Program History**

Please fill out a separate table (below) for EACH site.

|  |  |  |  |
| --- | --- | --- | --- |
| **Site Name:** | **2017 Season** | **2018 Season**  | **2019 Season** |
| 1. **Total weeks your site operates per year**
 |  |  |  |
| **b. Total number of farmers selling fruits and vegetables at your sites per year** |  |  |  |
| **c. Annual SNAP EBT Sales** | $ | $ | $ |
| **d. Total number of SNAP EBT transactions** |  |  |  |
| **e. Average SNAP spent per transaction (a / d)** | $ | $ | $ |
| **f. Estimated/actual annual # EBT shoppers** |  |  |  |

**If you have more sites, please copy and paste the table above in this space.**

 **5. Market Match Budget**

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| **Are you also applying for funding to operate your Market Match program?**YES NO (*Unfunded Partner*)**If NO, please fill out the budget’s “match” column only indicating your existing funding in the budget.** |
| **Are you requesting more than $15,000 in funding?** YES NO (If NO, skip next question in this box.)**Are you able to provide match funding of 30% or more that is non-federal and not obligated to another funder?** YES NO**If NO, please explain below. (Organizations requesting less than $15,000 annual are not required to provide match funding.)** |

**Use *ATTACHMENT A, Budget* to demonstrate your requested 7-month Market Match budget. This may include a request of federal funding between** $5,000 - $50,000, as well as any and all non-federal (Match) funding. All expenses (grant and match) should be for the operation of your Market Match program only.

**6. Market Match Short Narrative**

In the space below, please provide a short narrative (200 words or less) about any plans you have for your Market Match program. Include information like number and type of sites, how you plan to conduct outreach to SNAP shoppers, any community organizations or agencies to which you are connected that will assist with your Market Match program, and/or any nutrition education you currently or will conduct at your sites.

If you are brand new to Market Match, and do not know yet how you will conduct Market Match operations or outreach you can write as little as *“We’re new. We plan to operate the Market Match program at three farmers’ markets, year-round, and to be trained by the Ecology Center in order to operate and promote our Market Match program.”*

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**END APPLICATION**