**Market Match Application Form**

All information provided in this application will be kept confidential.

Ecology Center is pleased to announce that we are inviting applications for new Market Match partners. This application will help Ecology Center select new partner organizations in order to offer Market Match healthy food SNAP (known as CalFresh in California) incentives at even more farmers’ markets and other farm-direct sites statewide. The amount of funds that Ecology Center can offer is contingent upon the pool of applicants, and Ecology Center may work with selected applicants to modify their project budget and scope.

**Application Resources**

* For more information on the application and Market Match, please refer to the **Application Instructions available at** <https://marketmatch.org/become-a-partner/>.
* You can also email [marketmatch@ecologycenter.org](mailto:marketmatch@ecologycenter.org) with any questions.

**How to Apply**

Please fill out this application form and submit by email with attachments of your market rules and your proposed budget Excel template to [marketmatch@ecologycenter.org](mailto:marketmatch@ecologycenter.org) by **March 6, 2023.**

You will be required to submit two additional documents by email:

* Attachment A: Budget Spreadsheet to demonstrate your 8-month Market Match Budget Request (available at <https://marketmatch.org/become-a-partner/>)
* [Farmers’ Markets Only] - Attachment B: Your market’s policies, rules, and regulations

**Key Dates**

* Application Open Date: February 1, 2023
* Application Deadline: March 6, 2023
* Notification of award decisions: March 31, 2023

**Review Criteria**

Priority will be given to applicants that meet the following criteria:

* Reaches CalFresh participants in high-needs communities, including regions without a current Market Match program
* Provides a complete, clear, and coherent budget and application
* Demonstrates sufficient capacity to administer an EBT central point of sale and scrip program, keep necessary records from EBT sales, and produce necessary reports on EBT sales and Market Match incentive distribution
* Has developed or plans to develop partnerships with community organizations, local government entities, and/or CalFresh shoppers to promote awareness of the Market Match program

**(Refer to instructions for eligibility)**

**Organization Information**

| Legal Name of Applicant Organization/Market: |  |
| --- | --- |
| Organization Mailing Address: |  |
| Website/Facebook URL (if you have one): |  |
| Organization Type (e.g. non-profit 501(c)3 or LLC or sole proprietorship) |  |
| Employer Identification Number (EIN) |  |
| Does your organization have a fiscal sponsor? If yes, your fiscal sponsor must be made aware of this application. |  |
| Legal Name of SNAP Retailer (could be same as organization above): |  |
| Share the number of sites and type of site that you are proposing of each time below: | |
| Certified Farmers’ Market | # |
| Farm Stand (farmer-run) | # |
| CSA (farmer-run) | # of CSAs and # of pick up locations for each |
| Aggregated produce produce box program (org buys produce and resells) | # of pick-up locations |
| Mobile Market (org buys produce and resells) | # of locations |
| If you are buying and reselling produce/food (for a mobile market or an aggregated produce box program), about how many farmers do you source from and can you confirm that all of these are small- or mid-sized farmers? |  |
| If you are buying and reselling food, how much of a mark-up if any do you apply to the food you re-sell? |  |

**Contact Information - Authorized Representative**

| Name of Authorized Representative from Applicant Organization: |  |
| --- | --- |
| Title |  |
| Email |  |
| Phone |  |
| Best way to reach |  |
| Name of second contact if applicable |  |
| Title |  |
| Email |  |
| Phone |  |
| Best way to reach |  |

**Site Information (if you are applying for multiple sites, simply copy and paste this table for each site)**

| Proposed Market Match Site Name #1: |  |
| --- | --- |
| SNAP Retailer Permit Number: |  |
| Site Address: |  |
| Months open during the year (Ex: May-Oct or Year-Round): |  |
| Days of the week open (ex: Monday): |  |
| Start and End Time open during the day: |  |
| Do you swipe SNAP cards for every hour your site is open to the public?: |  |
| Is the SNAP Deposits put into a separate bank account from all other bank accounts? |  |
| Do you directly operate this site or do you have an agreement with this market/site operator? If you have a relationship with the market/site operator, please describe this relationship (short answer). |  |
| Which entity/organization would be responsible for day to day Market Match operations / distributing the incentive to customers spending SNAP and earning the incentive? |  |
| How do you transact SNAP/EBT at your site(s)? Please describe in 100 words or less: *For example, many markets will have a central info booth where they will have the EBT terminal and will swipe cards and provide an EBT scrip that customers can use on any EBT-eligible food in the market among the vendors. This could be staffed the entire day by paid staff or volunteers.* |  |
| To the best of your knowledge, please describe the demographics of the community (customers and vendors) this site serves in terms of gender, race, ethnicity, income level, immigrant and refugee background, language(s) spoken, etc. |  |

**For EACH site you are applying for provide the following information.**  If you are applying for more than one site, please copy and paste the table below.

| Site Name #1 |  | | |
| --- | --- | --- | --- |
| Number of years offering SNAP EBT at this site: |  | | |
|  | 2022 | 2021 | 2020 |
| Did this site accept SNAP payments in **this year**? |  |  |  |
| Total number of weeks or months your site operated in this year |  |  |  |
| Total number of certified producers farmers selling fruits and vegetables over the year |  |  |  |
| Annual SNAP EBT Sales |  |  |  |
| Total number of SNAP EBT transactions |  |  |  |
| Estimated/actual annual number of unique EBT shoppers (it’s okay if you do not have this estimate) |  |  |  |

| Site Name #2 |  | | |
| --- | --- | --- | --- |
| Number of years offering SNAP EBT at this site: |  | | |
|  | 2022 | 2021 | 2020 |
| Did this site accept SNAP payments in **this year**? |  |  |  |
| Total number of weeks or months your site operated in this year |  |  |  |
| Total number of certified producers farmers selling fruits and vegetables over the year |  |  |  |
| Annual SNAP EBT Sales: |  |  |  |
| Total number of SNAP EBT transactions: |  |  |  |
| Estimated/actual annual number of unique EBT shoppers (it’s okay if you do not have this estimate). |  |  |  |

**Capacity**

| Who does the bookkeeping for your SNAP EBT program? Do you plan to hire someone for this grant? |
| --- |
| Response: |
| Please describe the bookkeeping tasks (100 words): |
| Response: |
| How many hours per week does/will your bookkeeper work? |
| Response: |
| How are farmers/vendors reimbursed for their EBT sales using a scrip model (applicable to farmers’ markets, not applicable to farm stand applicants) and how often does it happen? |
| Response: |
| The following questions will be used to assess capacity and give applicants a good idea of what required recordkeeping is involved. You can also refer to the RFA Instructions for more information on required reporting |
| How comfortable/confident are you in your capacity/ability to **keep end of day EBT/SNAP terminal receipts for each market day** and/or access SNAP records on an online portal if you are not able to keep these physical receipts? |
| Response: |
| How comfortable/confident are you in your capacity/ability to **maintain a customer transaction log record for each market day**, recording the $ amount of SNAP spent and the $ amount of incentives provided/ distributed? |
| Response: |
| How comfortable/confident are you in your capacity/ability to **maintain a vendor redemption log** where you record the number of EBT scrip collected from each vendor and number of incentive “Market Match” scrip collected from each vendor at the market for each market day? |
| Response: |
| How comfortable/confident are you in your capacity/ability to **maintain reimbursement records for each vendor** showing the $ amount reimbursed for EBT and for Market Match incentives? |
| Response: |
| How comfortable/confident are you in your capacity/ability to train vendors on what kinds of foods (fresh fruits and vegetables only) for Market Match scrip and enforcing compliance? |
| Response: |
| How comfortable/confident are you in your capacity/ability to **submit monthly reports** with the monthly totals for each of your sites of the dollar amount of SNAP sales, dollar amount SNAP redeemed or collected from vendors, dollar amount of Market Match incentives distributed and dollar amount of Market Match incentives redeemed or collected from vendors and number of transactions by customer using SNAP and earning the incentive? |
| Response: |
| Are you aware of the lengthy reimbursement cycle of this grant? For example, if you distribute incentives and incur costs in the month of June, you will submit an invoice by July 7th and then get paid back in mid-August.  Do you anticipate being able to still operate the program in light of this constraint? |
| Response: |
| Have you ever received a state or federal grant or a private grant? If yes, please describe. This is not a requirement. |
| Response: |
| Do you have experience with a SNAP-matching incentive program already like Market Match? If yes, please describe. This is not a requirement. |
| Response: |
| **Outreach Plans:** Please provide a short description (100 words or less) about any outreach plans you have for your Market Match program. Please note, this is NOT required by the grant. For example, you could share how you plan to conduct outreach to community members who are enrolled in CalFresh/SNAP and would be able to make use of the Market Match program at your proposed sites. Are there any community organizations or agencies to which you are connected/plan to connect with that will assist with your Market Match program?  Note:   * If awarded, Ecology Center will provide banner(s), posters and other types of print and digital marketing collateral (including social media graphics and a 1 minute animated explainer video) to promote and explain to customers how the Market Match program works. * You are not required to do outreach outside of the market in order to join the Market Match program. And staffing expenses provided by the grant may not be able to compensate for all of this outreach work beyond the necessary operational recordkeeping and compliance work. However, we may be able to pay for some outreach expenses (if outreach materials/project is explained clearly in the budget request and is approved as part of the overall budget). |
| Response: |

**Market Match Budget**

**Use *ATTACHMENT A, Budget* to submit your proposed 8-month Market Match budget. This will include your request for federal funding**, as well as any and all non-federal (budget match) funding. If you are requesting more than $100,000, you are required to provide a non-federally-sourced budget match that is at least 30% of your total budget. All expenses (grant and match) should be for the operation of your Market Match program only.

* Email this to [marketmatch@ecologycenter.org](mailto:marketmatch@ecologycenter.org). Please use the template provided on <https://marketmatch.org/become-a-partner/>
* Instructions on how to fill out this budget form are included in the Application Instructions available at <https://marketmatch.org/become-a-partner/>

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**END APPLICATION**