



OREGON
FARMERS' MARKETS
 ASSOCIATION

*Hunger, Health and
 Nutrition Initiative
 (HHNI)*

2009

Application Processing Information (to be completed by OFMA):

Application #: _____
 Date Rcv'd: _____
 Date Acted On: _____
 Recommended/Denied: _____
 Signature: _____

I. GENERAL INFORMATION

HHNI Funds Requested: \$ _____
Round to nearest dollar

Total Project: \$ _____
Round to nearest dollar

Name of Project: _____

Farmers' Market name, Location, and Manager name:

_____	_____
<i>Farmers' Market name</i>	<i>manager's name</i>
_____	_____
<i>Farmers' Market name</i>	<i>manager's name</i>
_____	_____
<i>Farmers' Market name</i>	<i>manager's name</i>
_____	_____
<i>town/city</i>	<i>county</i>

Have you previously submitted an application to OFMA, either through the FMPP grant, or for another HHNI project? Yes No

If yes, explain: _____

II. CONTACT INFORMATION

Farmers' Market:	Market Manager:
Mailing Address:	Zip:
Phone:	Email:

Farmers' Market:	Market Manager:
Mailing Address:	Zip:
Phone:	Email:

Project Manager for the Grantee:	
Project Manager Address:	Zip:
Phone:	Email:

Fiscal Agent Org.:	Contact:
Fiscal Agent Address:	Zip:
Phone:	Email:

3. Is the project consistent with the stated mission and goals of your farmers market?

Yes Please state mission _____

No Our farmers' market does not have a stated mission

Is the project consistent with the local population demographics?

Yes No

Is the project consistent with your market's existing customer base?

Yes No

If no, please describe how the project would expand your customer base:

4. Implementation

a) How will the project be implemented? (See application instructions)

Who will implement?	Stages of the project	Basic tasks for each stage	Time frame for each stage

b) Assessment is required for all approved projects. What aspects of the project will be monitored, and how will they be monitored? (See application instructions)

Who will monitor?	What will be monitored?	Monitoring protocols	# of times/season

5. Who will be responsible for writing the final Project Report?

Name _____ Phone _____

Address _____

6. Are any permits required for the project? Yes No

If yes, what permits have been issued (attach copies)? _____

What permits must still be obtained and by when? _____

7. Are you undertaking a detailed research project as part of the proposed project?

Yes No

If yes, what is the primary research question?

8. As part of the project, will you be gathering data that could be helpful for other farmers' markets?

Yes No

9. If successful, are you willing to help other farmers' markets implement similar projects by sharing information, resources, etc.?

Yes No

If no, why not?

10. Identify all groups, volunteers, or agencies participating in the project and their roles.

11. **Project Budget**—Itemize projected costs for each of the following “Expense Categories” that apply to your project. A minimum of 25% cost share/in-kind (column 4) is required. See application instructions and additional conditions for further guidance.

Fill in the amounts, rounded to the nearest dollar.

Expense Category	No. of Units	Unit Cost	Cost Share In-Kind (25% Match)	HHNI Funds	Description (what will be purchased and who will provide it, if it is claimed as match.)
PROJECT MANAGEMENT (Payroll expenses)					
		\$	\$	\$	
CONTRACTED SERVICES (transportation companies, equipment operation, etc.)					
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
SUPPLIES/MATERIALS					
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
EQUIPMENT (See application instructions)					
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
OTHER FEES AND COSTS (see application instructions)					
Project Totals		\$	\$	\$	(Not to exceed \$2,000 in HHNI funds)

We, the undersigned, attest that to the best of our knowledge the information contained in this application is true, that the proposed project is not required by a state or federal agency directive, and that **the project will be completed within 12 months from the date of team approval of the application.** We understand that the submitted application is a matter of public record. Should this application be awarded, 1) we may not incur any project expenses until all designated signatories have signed an HHNI grant agreement, and 2) we will be required to provide proper accounting of project expenses, and necessary and normal maintenance to sustain the value of the project once it is completed. By their signatures, the farmers' market (s) attest that they have no plans to sell their property as of the date of this application, and

they agree to provide, upon prior request and at a mutually acceptable time, site access to the applicant or representatives of OFMA for a period up to two years following project completion to allow project work to be assessed.

_____ Farmers' Market Manager	_____ Date
_____ Market Board President	_____ Date
_____ Fiscal Agent	_____ Date

ATTACHMENT CHECKLIST

- Cooperative agreement, if two or more farmers markets are applying together (Optional)
- Other materials (as required by OFMA)
- Project Impact form (Required)

OPTIONAL AT APPLICATION STAGE

- Secured Match form (see instructions)
- Partnership agreements (see instructions)

DOCUMENTATION REQUIRED BEFORE DISTRIBUTION OF INITIAL PORTION OF FUNDING

- Secured Match form (see instructions)

DOCUMENTATION REQUIRED POST-IMPLEMENTATION, AND BEFORE REMAINDER OF FUNDING IS RELEASED

- Expense receipts or report (Required)
- Final budget (Required)
- Final Project Report (Required)
- Addendum to proposal (if required by OFMA)

PROJECT IMPACT FORM

Check all Project Activities applicable to your application. Provide values (in the blanks provided) for each Project Activity applicable to your application. Leave blank any Project Activity or metric line that is not appropriate to your application.

EBT Projects: *Projects that involve purchase of EBT machines or related materials or services. Check all proposed activities*

<input type="checkbox"/> purchase or lease EBT machine	<input type="checkbox"/> payment for related fees (describe):
<input type="checkbox"/> purchase related supplies (list):	
<input type="checkbox"/> Other (explain):	

Number of EBT machines already owned by your farmers' market: _____

Number of customers who will potentially benefit from the addition of EBT machines to your farmers' market: _____

Senior Transportation Projects: *Projects that result in improvement of access of low income senior citizens to one or more farmers' markets. Check all proposed activities*

<input type="checkbox"/> contract with local transit system	<input type="checkbox"/> provide financial assistance for fuel purchases
<input type="checkbox"/> provide incentives for volunteer assistance	<input type="checkbox"/> create and distribute outreach materials
<input type="checkbox"/> research alternatives for encouraging low-income seniors to participate in farmers markets	
<input type="checkbox"/> Other (explain):	

Most recent estimates of Senior Nutrition dollars spent weekly at farmers' market: _____

Estimated number of seniors targeted as part of the project activities: _____

Estimated potential increase of Senior Nutrition dollars due to project activities: _____

Estimated potential increase of food stamp dollars due to project activities: _____

Farmers' Market Capacity-Building Projects: *Projects that increase or improve the ability of farmers' market(s) to serve low-income customers. May include site stability measures. Check all proposed activities*

<input type="checkbox"/> creation and printing of community outreach materials (list):	<input type="checkbox"/> assistance with marketing or advertising costs (list):
<input type="checkbox"/> volunteer incentives for work doing community outreach (list):	<input type="checkbox"/> creation and implementation of projects designed to educate low income shoppers about healthy foods (list):
<input type="checkbox"/> purchase of market supplies such as tents, food sampling wagons, etc. (list):	<input type="checkbox"/> one-time assistance with site rent or insurance costs (list):
<input type="checkbox"/> implementation of projects designed to increase the amount of food stamp dollars spent at farmers' markets (list):	
<input type="checkbox"/> Other (explain):	

Existing range of weekly vendor numbers throughout market season: _____

Estimated potential increase of vendor numbers due to project activities: _____

Most recent estimates of crowd counts. high: _____ low: _____ average: _____

Estimated potential increase of crowd counts due to project activities: _____

Food stamp dollars spent weekly at market during most recent season: _____

Estimated potential increase of food stamp dollars spent due to project activities: _____

WIC Infant and Family dollars spent weekly during most recent season: _____

Estimated potential increase of WIC Infant and Family dollars due to project activities: _____