

**APPLICATION: SNAP SUPPORT PROJECT**

Cover Sheet



1. Requested Funding:

2. Anticipated Project Start Date:

Project End Date:

3. a. Primary Project Contact Name

3. b. If applicable, managing organization

Title

Address

Address

City

City

State  Zip Code

State  Zip Code

Phone Number

Phone Number

Fax Number

Fax Number

Email Address

Email Address

**4. Market Information**

*If applicable, list your additional markets on the next page*

FNS Number (indicate "in process" if application is pending)

DUNS # (required prior to submission)

Market Address

City

State  Zip Code

County

Market Name:

- Market Day(s):  Monday  Friday  
 Tuesday  Saturday  
 Wednesday  Sunday  
 Thursday

Hours of Operation:

Start/end dates:

Average Daily Customer Count:

For markets that currently operate SNAP, average daily SNAP customer count:

Zip codes served by the market (where the majority of shoppers come from):

- Business Entity Type:  Farmers Market  
 Non-Profit Corporation  
 Public Benefit Corporation  
 State or local government  
 Economic Development Corporation  
 Other:

## 5. Vendor Information

Total number of vendors:

Total number of SNAP eligible\* vendors:

Types and Number of Vendors:

*Farmers:*

Dairy/meat/poultry/seafood only:

Produce (uncut and unwashed fruits/vegetables) only:

Processed items only (e.g. baked goods, jam, ready to eat food):

Non-food items only (e.g. flowers, soap):

Combination (Produce and Processed and/or non-food items):

*Non-Farmers:*

Purveyor (unprocessed- produce):

Purveyor (dairy/meat/poultry/seafood):

Processed items (e.g. bakeries, ready to eat food, juices):

Non-food items (e.g. crafts, artwork):

**Additional project implementation locations:**

*If applicable, list each additional market you operate that will be included in your proposed project. Fill out Section 5- Vendor Information (see above) for each market as well. If you manage another market(s) for which you propose a different approach (different activities) you must apply using a separate application.*

Market Address:

City-State-Zip Code:

County:

Market Name:

Market Day(s):  Monday  Friday  
 Tuesday  Saturday  
 Wednesday  Sunday  
 Thursday

Hours of Operation:

Start/end dates:

Average Daily Customer Count:

For markets that operate SNAP, average daily SNAP customer count:

Zip codes served by the market (where the majority of shoppers come from):

\* The USDA defines eligible foods as any food or food product intended for human consumption except alcoholic beverages, tobacco, and hot food products prepared for immediate consumption (at farmers markets meaning on site as indicated by having table and chairs for shopper use). It also includes seeds and plants to grow foods for personal consumption of eligible households.

## PROJECT DESCRIPTION

### **Instructions for Completing Project Description Form**

This narrative portion of the project proposal must be single-sided, single-spaced and not exceed 2 pages (Times New Roman font, 12 pt., 8.5 x 11 inch-paper, margins no less than .75 inches). The cover sheet above and the biographies of key personnel do not count against the 2 page limit. The narrative must be organized using the headings below. You may delete the instructions for each section in your response.

- 6. Background Statement/Brief History of Market:** State the current situation of SNAP/EBT services at your market(s), why you need funding, history of the market, and any relevant community or demographic information you wish to note.

- 7. Project Summary:** Clearly describe the project, the general approach/plan, a general timeframe for completing all activities and expected outcomes.

**8. Workplan:** Provide a workplan that describes each project activity, the plan for completing each activity, the personnel and non-personnel resources (i.e., facilities, equipment, etc.) that will be used to conduct activities, and timelines for completion.

In the workplan also detail:

- 1) How you will track and analyze SNAP sales;
- 2) How you will track spending;
- 3) Additional resources that will be used to conduct activities: List any other current and pending public or private support (partnerships, donations of volunteer time or in-kind donations, etc.) for the proposed project; and
- 4) Your future plan once the contract's funds are expended.

**9. Key Personnel Biographies:** Brief description(s) of experience and qualifications, or résumés, of those leading or conducting project activities. This section does not count toward the 2 page limit.

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*(1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;*

*(2) fax: (202) 690-7442; or*

*(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).*

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