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| **CFM Specialty Crop Grant Template** |

**Market Information**

Note: Only one grant can be awarded per market.

|  |  |
| --- | --- |
| Name of market |  |
| Street Address (location) |  |
| City, ST, ZIP Code |  |
| Mailing address |  |
| City, ST, ZIP Code |  |
| Number of Years in Operation |  |
| Months/Days/Hours of Operation |  |
| How many vendors participate in the market? |  |
| How many are specialty crop vendors? |  |

**Grant Coordinator(s) Contact Information**

|  |  |
| --- | --- |
| Main Contact (Name) |  |
| Mailing Address |  |
| City, ST, ZIP Code |  |
| Phone |  |
| Best Time to Call |  |
| Email |  |
| Are you a full-time, part-time, or volunteer market manager? |  |

**Additional Volunteer(s)**

Please provide us with names and contact information of those that will also be helping with the specialty crop grant.

|  |  |
| --- | --- |
| Name 1 |  |
| Email/Phone 1 |  |
| Name 2 |  |
| Email/Phone 2 |  |

Project Proposal

Address and answer all questions below.

1. Describe the purpose and goals of this project as it relates to the market. What are you hoping to achieve with this program? How will you ensure that funds will only benefit the specialty crops sold at the market?
2. Describe the potential impact of this project. Include the number of specialty crops, vendors, customers, and other beneficiaries. How will this project benefit the specialty crop industry? What is the potential economic impact, if available?
3. What specialty crops will the market be promoting through this project?
4. Please provide a timeline/work plan of activities that are necessary to accomplish the project objectives. State who will be responsible and the dates or months the activity will take place.
5. Please provide a detailed and itemized budget. An itemized budget should describe a list of purchases with price estimates, quantities, etc. to show how the budget was derived. Items not listed will not be eligible for reimbursement from MDAC. Prior approval must be received before funds are spent on items not listed or approved in the original proposal.

Agreement and Signature

By submitting this application, I affirm that I am willing to oversee the grant program and have read and understand the guidelines of this program. I agree to the conditions set forth and the information presented has been answered truthfully, fully, and completely. Should duties transfer to someone else; I will notify MDAC of the changes.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

Funding Request

Amount of grant money applying for: $\_\_\_\_\_\_\_

Request should match information presented in the detailed budget above.

**Return Completed Applications to:**

Susan Head

Market Development Division

Mississippi Department of Agriculture and Commerce

P.O. Box 1609

Jackson, MS 39215

601-359-1196

susan@mdac.ms.gov