**Indiana Farmers Market/Stand/CSA**

**SNAP Matching Grant Application**

**I. Contact Information for Organization Applying for the Grant**

*This organization is the fiscal agent, responsible for the grant dollars, documentation, and reimbursement of vendors who accept SNAP matching.*

1. Organization name applying for this grant:
2. Contact name for this grant application:
3. Contact phone:
4. Contact email address:
5. Organization mailing address:
6. Name, email, and phone number of the fiscal agent or person responsible for signing contracts if different than above:
7. Organization EIN number:

**II. Market Information**

If you are applying on behalf *of more than one* farmers market/stand/CSA location, please submit an additional profile for each market location (Copy and paste this information as many times as needed for each market.)

1. Farmers Market Name:
2. Market phone number:
3. Market email address:
4. Market website:
5. Market social media address(es):
6. Market Manager's name:
7. Market Manager's email address:
8. Market Manager's phone number:
9. Market street and city address, including county:
10. Market FNS number – if you do not currently accept SNAP, you will need to apply for SNAP authorization and be approved before grant funds are released to your organization:
11. Months, days, and times market operates:
12. Approximate number of vendors selling SNAP-eligible items, such as dairy, meat, poultry, fish, honey, breads and baked goods, fruits and vegetables, mushrooms, herbs, and edible plant-starts:
13. Approximate number of vendors selling fruits and vegetables, mushrooms, herbs, and edible plant-starts:
14. Approximate dollar amount of SNAP sales during the 2021 or 2022 market season, if applicable:
15. Approximate number of SNAP transactions during the 2021 market season, if applicable:
16. If you don’t currently accept SNAP, please provide an estimation, based on what you know about your community, of expected SNAP sales at your market:
17. What point of sale system do you use for SNAP purchases, if applicable?
18. How do you currently document and ensure vendors are reimbursed for SNAP sales, if applicable? For example, do you use tokens and reimburse vendors on a monthly basis by check?

**III. SNAP Matching Program Details**

1. Please explain the community your market serves? For example, is the market located in a low-income urban neighborhood or rural area?
2. Does your market currently offer a SNAP matching program? If yes, please explain how the matching program operates and how it is funded, as well as how you plan to *expand* your SNAP matching efforts using this funding.
3. Explain how you will offer the SNAP matching program to customers. Will you offer a $1 for $1 match using tokens or paper vouchers? For farm stands or CSAs that only sell produce and only have one vendor, will you offer an immediate 50% off all SNAP purchases of fresh produce?
4. How do you plan to reimburse vendors for the matching tokens, vouchers, etc. they receive?
5. Explain how you will promote your market's SNAP matching program to eligible customers.
6. Do you intend to use the Double Up branding and promotional materials ([www.DoubleUpIndiana.org](http://www.DoubleUpIndiana.org))? If you do not intend to use the Double Up brand, what will you call your SNAP matching program, and what promotional materials will you use?
7. The funds may be used for the following market seasons: winter 2022-'23, summer 2023, winter 2023-'24, and summer 2024. What are your plans for continuing to offer SNAP matching after 2024?

**IV. Budget Information**

Grant requests may be made for any dollar amount, but the St. Joe Foundation anticipates requests will range from $5,000 to $20,000. Preference will be given to grant applications that devote at least 51% of all grant dollars to incentives for customers to purchase fresh produce, herbs, mushrooms, and edible plant-starts.Other grant funds may be used for expenses related to establishing or expanding the SNAP matching program. These include staff time, purchase or printing of tokens or vouchers, promotional material, and new equipment such as tablets or EBT point of sale machines.

Half of all grant funds will be advanced by the St. Joe Foundation to the grantee upon signing the grant agreement and submitting additional paperwork. The remaining 50% of the grant funds will be provided to the grantee after two months of market data has been submitted to the Foundation. Any funds not used at the end of the grant period must be returned to the Foundation. Organizations that need additional incentive funds may receive those funds once requested from the St. Joe Foundation, if there are still funds remaining.

**Please describe your budget *(this is a sample and you may delete it)***

**SAMPLE**

|  |  |
| --- | --- |
| **Item** | **Cost** |
| Incentives (match dollars used to pay for additional produce for SNAP customers) | $3,500 |
| Staff time to operate the market table4 hours/week x 20 weeks @$15/hour | $1,200 |
| Staff time to process reimbursement payments to vendors and upload monthly data to DoubleUpIndiana.org 2 hours/week x 20 weeks @$15/hour | $600 |
| Tablet used to process EBT transactions | $700 |
| Purchase of tokens to be used for SNAP and Double Up | $200 |
| Token bags and lock box | $200 |
| Sandwich board to promote that SNAP & Double Up are available | $250 |
| Fliers promoting program | $100 |
| Facebook advertising promoting program | $100 |
| **Total** | **$6,800** |

**Budget to be completed by applicant**

|  |  |
| --- | --- |
| **Item** | **Cost** |
| Incentive funds |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| (add or delete rows as needed) |  |
| **Total** |  |

**V. Submission**

Please save your completed application and email it as an attachment to DoubleUp@sjchf.org.

If we have questions about your application, we will email you or call you. We will approve applications on a rolling basis, so as soon as they are received, we will begin reviewing them and notify you within one months’ time of our decision.