

STATE OF MISSOURI DEPARTMENT OF AGRICULTURE AG BUSINESS DEVELOPMENT DIVISION FY26 FOOD INSECURE COST-SHARE GRANT PROGRAM – APPLICATION

(Due Wednesday, August 27th, 2025)

APPLICANT INFO:						
INDIVIDUAL/ORGANIZATION NAME (financially responsible for project):						
PHYSICAL ADDRESS OF PROJECT						
СІТҮ			STATE	ZIP CODE	COUNTY	
MAILING ADDRESS (if different fi	rom physical)					
CITY				STATE	ZIP CODE	
PRIMARY POINT OF CO	NTACT					
NAME						
TITLE						
PHONE		EMAIL ADDRESS				
GRANT DETAILS:						
Purpose: To provide individuals, groups of individuals, organizations, or businesses reimbursement for 75% of eligible expenses for projects that work to reduce food insecurity in Missouri. Award Amount: 75% of total project expense, up to \$50,000. Application Deadline: Wednesday, August 27th, 2025 Award Date: Late September 2025 Important Deadlines: 1.) MOVERS registration needs to be completed by Monday, December 1 st , 2025. 2.) Reimbursement Request Form due Wednesday, February 25th, 2026. 3.) Final report and required documents due by Wednesday, April 15, 2026. Please review the Food Insecure Cost-Share Grant Program Guidelines, located on our website, for full program details including eligibility, restrictions, timeline, and project examples.						
SCORING CRITERIA: (100) Points Possible)					
Credibility and Merit: (30 Points Possible)	Projects should meet the intent of the grant, offering a clear scope of work that addresses the issue of food insecurity. Applicants should show previous history of related projects, with a foundation of business that will allow for the completion of the project. In cases where delivery is dependent upon volunteers or consumers, commitment and demand must be demonstrated.					
Impact Potential: (50 Points Possible)	Projects must clearly define the impact to food insecure areas and be able to demonstrate a need and lack of existing services or resources for the targeted population. Projects should quantify the number of persons directly impacted including producers, consumers, and the size of the neighborhood or community the project will serve.					
Timeliness: (10 Points Possible)	Projects must demonstrate a feasible work plan and clear timeline for completion. Projects will be evaluated on the immediacy of impact to food insecure areas.					
Partner Support: (10 Points Possible)	Projects must show community support through a minimum of two letters of support defining reasons the applicant should receive funding.					

Please provide a descriptive title in 10 words or less.

PROJECT DESCRIPTION

Please provide a brief summary of your project. (Two sentences max)

APPLICANT DESCRIPTION

Please provide a short description of you or your organization's goals, background, and examples of other successful grant projects.

Is this project located in an urban or rural area? Please refer to this document for determination based on the 2020 U.S. Census: <u>Urban or Rural?</u>	🗌 Urban	🗌 Rural	
Is this project a continuation of a previously funded Food Insecure Grant project? If yes, please provide what year(s) you received funding in the space below.	🗆 Yes	🗆 No	

PROJECT NEEDS

In the space below please identify the specific need(s) that this project will address in the food insecure area.

MEASURABLE OUTCOMES

Please answer the following questions using approximate numbers.

1. How many food insecure individuals within the area will be impacted by this project?

- 2. How many pounds of food will be produced/distributed following this project's completion?
- 3. Does this project provide a new service to the area?

WORK PLAN Please give a brief description of the work plan, including a timeline. START DATE: PROJECTED END DATE:

DESCRIPTION:

EXTERNAL SUPPORT Please attach at least two letters of support with this application. List them below.						
1	Name	Title and Organization				
2	Name	Title and Organization				

BUDGET SUMMARY:

In the table provided, please list items that will be purchased to accomplish this project along with the approximate cost. *See Grant Guidelines for examples of eligible and ineligible items.*

BUDGET ITEM	COST
TOTAL COST	
Budget items may only be reimbursed by a single Missouri Department of Agriculture financial award.	

AKNOWLEDGEMENTS:

Awarded applicants will be notified within 30 days of the grant application deadline.

Grantees will be responsible for meeting ALL the following requirements before **April 15, 2026**: **<u>Required Registration</u>**:

- Grantee must register as a vendor with the State of Missouri through the <u>MOVERS</u> web portal and be in "Approved" status before **December 1st, 2025**.
- 2. Grantee must be registered to do business in Missouri and be in good standing with the Secretary of State, if applicable. Visit <u>sos.mo.gov</u> for more information.
- Grantee shall provide MDA a Certificate of No Tax Due (valid for 90 days). This certificate can be requested online at <u>https://mytax.mo.gov/</u> or by completing and submitting a <u>Form 943</u> to the Missouri Department of Revenue.
- 4. Grantee shall enroll in E-Verify and provide a copy of the MOU as proof. <u>https://www.e-verify.gov/</u>.

Reimbursements will be made once ALL requirements have been met and a final report has been submitted by MDA staff.

APPLICATION SUBMISSION:

To be considered for FY26 funding, MDA must receive your application no later than **Wednesday, August 27th, 2025** at 11:59 p.m. Late or incomplete applications with not be considered for funding.

Applications should be emailed and submitted to the following:

Email: <u>Grants@mda.mo.gov</u> Missouri Department of Agriculture ABD – Food Insecure Grant

Any Questions – please call 573-751-7794 or email Grants@mda.mo.gov

By signing below, the applicant declares the information provided in this Grant Application is true and correct to the applicant's understanding.

Applicant Signature

Date