

STATE OF MISSOURI DEPARTMENT OF AGRICULTURE AG BUSINESS DEVELOPMENT DIVISION FY25 FOOD INSECURE COST-SHARE GRANT PROGRAM – APPLICATION

(Due August 31, 2024)

APPLICANT INFO:						
INDIVIDUAL/ORGANIZATION NAME (financially responsible for project):						
PHYSICAL ADDRESS OF PROJECT						
				T		
CITY			STATE	ZIP CODE	COUNTY	
MAILING ADDRESS (if different fr	om physical)					
СІТҮ				STATE	ZIP CODE	
				SINTE		
PRIMARY POINT OF CO	ΝΤΔCT					
NAME						
TITLE						
PHONE		EMAIL ADDRESS				
GRANT DETAILS:						
Purpose:	To provide individual	s, groups of ind	ividuals, o	rganizations, or	businesses reimbursement for	
•	•			-	l insecurity within Missouri's	
	urban areas. Projects	must reside wi	thin an urb	oan area as defi	ned by the U.S. Census Bureau.	
Award Amount:	75% of total project e	expense, up to s	\$50,000.			
Application Deadline:	August 31, 2024					
Award Date:	Late September 2024					
Important Deadlines:	1.) Reimbursement Request Form due February 28, 2025 .					
	2.) Final report due by April 15, 2025.					
Please review the Food Insecure Cost-Share Grant Program Guidelines, located on our website, for full program						
	details including eligibi	lity, restrictions	s, timeline	, and project ex	amples.	
SCORING CRITERIA: (100) Points Possible)					
Credibility and Merit:	Projects should meet	the intent of th	ne grant, o	ffering a clear s	cope of work that addresses	
(30 Points Possible)	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					
	• •	t upon voluntee	ers or cons	umers, commit	ment and demand must be	
	demonstrated.					
Impact Potential:	Projects must clearly define the impact to food insecure urban areas and be able to					
(50 Points Possible)			-		for the targeted population.	
	consumers and the si		-		cted including producers,	
		C C				
Timeliness: (10 Points Possible)			-		eline for completion. Projects	
	will be evaluated on t		•			
Partner Support: (10 Points Possible)	-		-	-	of two letters of support	
(10 POINTS POSSIBLE)	defining reasons the	applicant shoul	u receive t	unuing.		

Please proved 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 a continuation of a previously funded Food Insecure Grant project?	□ Yes	🗆 No
If yes, please provide what year(s) you received funding in the space below.		
PROJECT NEEDS		
In the space below please identify the specific need(s) that this project will address in the food insecure ar	ea.	

MEASURABLE OUTCOMES Please answer the following questions using approximate numbers.						
 How many food insecure individuals within the urban area will be impacted by this project? 						
 How many pounds of food will be produced/distributed following this project's completion? 						
3. Does this project provide a new service to the urban area?						
WORK PLAN						
Please give a brief description of the work plan, including a timeline. START DATE:	PROJECTED END DATE:					
	1					
EXTERNAL SUPPORT Please attach at least two letters of support with this application. List them below.						
1	Title and Organization					
2						
2Name	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, 2025**: **Required Registration:**

- 1. 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.
- 3. Grantee shall enroll in E-Verify and provide a copy of the MOU as proof. <u>https://www.e-verify.gov/</u>.
- 4. Grantee must register as a vendor with the State of Missouri through the <u>MissouriBUYS</u> web portal and be in "Approved" status.

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 FY25 funding, MDA must receive your application no later than **August 31, 2024 at 11:59 p.m.** Late or incomplete applications with not be considered for funding.

Application should be submitted to the following:

Missouri Department of Agriculture ABD – Food Insecure Grant P.O. Box 630 Jefferson City, MO 65102

or

Email: <u>Grants@mda.mo.gov</u>

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