Community Food and Farm Grant Application

Applicant Information

- 1. Name of business, organization, or individual who is applying:
- 2. Legal name of business or organization (If different from name above)
- 3. Applicant mailing street address
- 4. Applicant Mailing City
- 5. Applicant Mailing State
- 6. Applicant Mailing Zip Code
- 7. Contact first name
- 8. Contact last name
- 9. Contact email address
- 10. Contact phone number
- 11. What is your preferred language for email communication?
 - a. English
 - b. Spanish
 - c. Arabic
 - d. French
 - e. Other
- 12. If you selected other, what is your preferred language?

Organization Information

- 13. Briefly describe your business or organization.
- 14. Which identities does the owner(s), director(s), or leader(s) of the business, organization, or project identify with? If you're applying as an individual, please select which identities you identify with (select all that apply.)
 - a. Asian or Pacific Islander
 - b. Black or African-American
 - c. Hispanic or Latinx
 - d. Indigenous or Native American
 - e. Mulitracial
 - f. Person with Disabilities
 - g. Person of Color
 - h. LGBTQIA+
 - i. Man
 - i. Veteran
 - k. White
 - I. Woman

- m. Other
- 15. If you selected other, please describe:
- 16. Is your business or organization's typical annual gross income (sales, grants, and/or donations) less than \$1 million?
 - a. Yes
 - b. No
 - c. Not applicable. I am applying as an individual.
- 17. Business or Organization Tax ID (EIN)

Project Details and Impact

- 18. Projects must benefit one or more groups who were found to be impacted by the COVID-19 pandemic, which for this grant includes small farms, food businesses, and food insecure residents. Who would your project benefit? (select all that apply)
 - a. My small farm
 - b. My small food business
 - c. Other small farms
 - d. Other small food businesses
 - e. Food insecure residents
 - f. Low-income residents
 - g. Other _____
- 19. If you selected other, who would your project benefit?
- Projects must meet at least one grant goal. Select which goal(s) your project will address.
 - a. Goal 1: Farm and food businesses grow, process, cook, or distribute more community-based food
 - **b.** Goal 2: Farm and food business workers and/or entrepreneurs develop skills to improve their businesses through education and technical assistance
 - c. Goal 3: Low-income communities have more opportunities to access community-based food
- 21. Describe your project and how it would meet the grant goal(s) you selected above. Be specific about how you would use funds. Include the steps you would take to complete the project before the deadline to spend funds (December 31, 2024).

22. How would you track or measure progress towards the grant goal(s) that you selected above?
23. How would your project impact Johnson County, IA residents?
 24. If you are a food business, organization, or individual, have you ever sourced local food products grown or raised by a farmer in the Johnson County foodshed? Experience sourcing local food is not required, but if you are selected for funding, you will be required to source at least one local food product. a. Yes b. No c. I don't know d. N/A I am growing food for my project
25. Please describe how your project would include local food products grown or raised by a farmer in the Johnson County foodshed. If you already partner with or have identified local food providers to source from, please list them here.
 26. Describe how your project would move Johnson County towards a more equitable food system. Your description could include how your project would: provide food that meets the needs of different cultures address barriers to accessing food address barriers to starting and sustaining a food or farm businesses And whether your project supports business owners who identify as Black, Indigenous, multiracial, a person of color, LGBTQIA+, female, and/or a person with disabilities
27. How would your project build or strengthen partnerships across the community-based

food system?

28. How would you continue this project after Community Food and Farm Grant funds have been spent?

Project Readiness

29. How would your previous experience and existing infrastructure or resources help you complete this project?

Budget

Budget: Project Expenses

- 30. Please fill in planned expenses for the following categories. Please include a zero (0) for categories that do not apply.
 - a. Buildings or building improvements
 - b. Equipment
 - c. Supplies (Annual use items)
 - d. Land improvement costs
 - e. Education fees
 - f. Application fees
 - g. Childcare costs
 - h. Transportation costs
 - i. Technical assistance or training
 - j. Wages
 - k. Other
 - I. Total Project Expenses (Click the calculator icon to sum the above values)

Budget: Narrative

31. For each category, please list the items you plan to purchase and the estimated costs for each item.

Example: you plan to spend \$320 on technical assistance or training, write: ServSafe training for two employees at \$160 each.

Example: you plan to spend \$4,500 on equipment, write: quick attach pallet fork (\$2,000), collapsible pallets (\$2,000), pallet jack (\$500).

Budget: Project Funding Sources
32. Community Food and Farm Grant request amount Funding request range is \$1,000-\$25,000
33. All other funding sources If you will be using additional funding sources to finance your project, please list the total amount If your project does not have additional funding sources, please enter a 0.
34. Total Project Funding Click the calculator icon to sum the values above
35. If you listed any additional funding sources, please describe:
36. If you are selected for funding, Johnson County may award a smaller amount of funds than you requested. If you were awarded a smaller amount than requested, how would your project change? Which budget items or project components would you prioritize?
37. What is your farm, business, or nonprofit's annual gross income (sales, grants, and/or donations)?