



**OREGON
DEPARTMENT OF
AGRICULTURE**

Farm to School Program
635 Capitol St, NE, Salem, OR97301-2532
503.709.5360 | oda.direct/F2S
Email: f2sgrant@oda.oregon.gov

PROPOSAL FORM

Name of Applicant:	Grant Contact (Daily contact for project):
Business/Organization/Tribal Enterprise:	Grant Contact Name/Title:
Address: County: City: OR Zip:	Grant Contact Email:
Applicant Email:	Grant Contact Phone:
Applicant Phone:	
Project Title:	



To be eligible for the F2S EI Grant Program you must be one of the following: a) an individual producer, b) for profit business, or c) agricultural cooperative whose primary function involves producing, processing, packaging and distributing of food service products produced or processed in Oregon, or some combination of.

1. YOU MUST ANSWER “YES” TO AT LEAST ONE OF THE QUESTIONS BELOW TO BE ELIGIBLE FOR FUNDING.

Are you a fisherman or producer who cultivates crops or raises livestock on borrowed, leased, public or privately-owned land, or Tribal lands?

Yes

No

Are you an Oregon for profit business, tribal enterprise, agricultural cooperative, or non-profit that sources not less than 51% Oregon produced product for: (i) eligible entities under the ODE procurement grant program ([ORS.336.431\(3\)\(a\)](#)) or (ii) Tribal schools, Tribal Early Learning/Childhood Education sites, and other Tribal youth meal programs?

Yes

No

2. CONFIRM THE FOLLOWING STATEMENTS APPLY TO YOUR BUSINESS.

Your business is in good standing with the state of Oregon including compliance with current state regulations, has successfully completed past ODA grant programs (if applicable) and is financially solvent.

Your business is in Oregon or authorized to conduct business in Oregon.

No work has started on the proposed project nor will start until notification of award.



3. TELL US ABOUT YOUR EXPERIENCE SELLING TO SCHOOLS.

I have sold to schools for more than 5 years. (20% Match)

I have sold to schools for 1-4 years. (15% Match)

I have no experience selling to schools and would like to start. (10% Match)

4. WHAT TRACK ARE YOU APPLYING FOR?

Equipment

Infrastructure

Equipment and Infrastructure

5. TELL US ABOUT YOUR FOOD SAFETY PRACTICES, LICENSES, AND CERTIFICATIONS. CHECK ALL THAT APPLY.

GAP/GHP certified

On - farm food safety plan

FSMA Produce Safety Training Certificate

I have the appropriate food safety license for my food or agriculture business

I am a new or beginning producer or business and intend to meet food safety requirements if awarded funds.



6. TO ENSURE EQUAL OPPORTUNITY AND TRACK PROGRAMMATIC OUTCOMES, WE ENCOURAGE YOU TO IDENTIFY IF YOU ARE YOU A PRODUCER OR PROCESSOR THAT IDENTIFIES AS ANY OF THE CATEGORIES BELOW. SUBMISSION OF THIS INFORMATION IS VOLUNTARY AND YOU MAY CHECK ALL THAT APPLY. PLEASE REVIEW THE DEFINITION OF TERMS SECTION ON PAGE 23 IN THE GUIDELINES DOCUMENT.

A business defined by Oregon Certification Office for Business Inclusion and Diversity ([ORS 200.055 COBID](#)) (check all that apply):

Disadvantaged business enterprise

Minority-owned business

Woman-owned business

Emerging small business

A person of color

Female

Disabled

7. ARE YOU A PRODUCER OR PROCESSOR THAT IDENTIFIES AS ANY OF THE CATEGORIES IDENTIFIED BELOW? PLEASE REVIEW THE DEFINITION OF TERMS SECTION ON PAGE 23 IN THE GUIDELINES DOCUMENT. TO RECEIVE POINTS YOUR FIRM MUST MEET THE DEFINITION OF THE CATEGORY YOU SELECT.

Small Farmer, Rancher or Seafood Harvester/Fisherman

Beginning Farmer, Rancher or Seafood Harvester/Fisherman

Business that a service-disabled veteran owns



8. HOW DID YOU HEAR ABOUT THE ODA FARM TO SCHOOL EQUIPMENT AND INFRASTRUCTURE GRANT PROGRAM? CHECK ALL THAT APPLY.

ODA announcement

Word of Mouth

Notification from another organization

Executive Summary

Include a brief description of the project and goals you expect to accomplish. The executive summary will be disseminated for public use if awarded. (*minimum 50 words, maximum 100 words*)

Anticipated Project Start Date

Anticipated Project End Date

Total Funds Requested:

Total Match:

Total Estimated Project Cost:



**OREGON
DEPARTMENT OF
AGRICULTURE**

Farm to School Program

635 Capitol St NE, Salem, OR 97301-2532

503.709.5360 | oda.direct/F2S

Email: f2sgrant@oda.oregon.gov

A. Business/Organization Background.

Provide a summary of your business/organization/tribal enterprise including mission and goals, leadership and ownership structure and products/services provided by your organization or business. **(minimum 100 words, maximum 250 words)**



**OREGON
DEPARTMENT OF
AGRICULTURE**

Farm to School Program

635 Capitol St, NE, Salem, OR 97301-2532

503.709.5360 | oda.direct/F2S

Email: f2sgrant@oda.oregon.org

B. Experience selling to schools. Describe your experience selling to schools. Include past or current accounts with schools, provide a description of products you have sold to schools, and how long you have sold to schools (in years). Include the percentage of your agricultural sales from schools over the past five years. If you have not sold to a school district in the past, describe the schools, summer sites, early child care centers or tribal groups you intend to sell to and describe how you will work together if your project is awarded. **(minimum 250 words, maximum 500 words)**



C. Equipment and Infrastructure Needs. Provide a description of your proposed project and describe the type of equipment and/or infrastructure needs to help you sell or expand your sales of Oregon grown or processed products to eligible entities under the ODE Farm to School Procurement Program (listed above in Question B) and tribal groups.

Include the names of suppliers/vendors that carry the types of equipment or infrastructure in your proposed project and describe the type of customized equipment or infrastructure you need if applicable. Describe how the equipment or infrastructure will increase your production or processing capacity for your project and how the project will be managed by your business/organization. **(minimum 500 words, maximum 1000 words)**



**OREGON
DEPARTMENT OF
AGRICULTURE**

Farm to School Program
635 Capitol St NE, Salem, OR 97301-2532
503.709.5360 | oda.direct/F2S
Email: f2sgrant@oda.oregon.gov

C. Equipment and Infrastructure Needs. Continued.



**OREGON
DEPARTMENT OF
AGRICULTURE**

Farm to School Program

635 Capitol St, NE, Salem, OR 97301-2532

503.709.5360 | oda.direct/F2S

Email: f2sgrant@oda.oregon.gov

D. Business Readiness and Financial Sustainability. Describe the financial health/cash flow of your organization over the past three years. Explain how this proposed project fits into your business plan including how this project will financially benefit your business/organization. **Do not** include confidential business information or trade secrets in this section. **(minimum 500 words, maximum 1000 words)**



**OREGON
DEPARTMENT OF
AGRICULTURE**

Farm to School Program
635 Capitol St NE, Salem, OR 97301-2532
503.709.5360 | oda.direct/F2S
Email: f2sgrant@oda.oregon.gov

D. Business Readiness and Financial Sustainability. Continued.



**OREGON
DEPARTMENT OF
AGRICULTURE**

Farm to School Program
635 Capitol St, NE, Salem, OR 97301-2532
503.709.5360 | oda.direct/F2S
Email: f2sgrant@oda.oregon.gov

E. Impact on Oregon Agriculture and School Market Access. Describe how your proposed project will increase the sale of Oregon grown or processed products to school markets. Describe the anticipated social, community and economic impacts your project will have. Describe the time frame in which you expect you'll execute your sale to school(s). **(minimum 500 words, maximum 1000 words)**



**OREGON
DEPARTMENT OF
AGRICULTURE**

Farm to School Program
635 Capitol St NE, Salem, OR 97301-2532
503.709.5360 | oda.direct/F2S
Email: f2sgrant@oda.oregon.gov

E. Impact on Oregon Agriculture and School Market Access. Continued.



**OREGON
DEPARTMENT OF
AGRICULTURE**

Farm to School Program

635 Capitol St, NE, Salem, OR 97301-2532

503.709.5360 | oda.direct/F2S

Email: f2sgrant@oda.oregon.gov

F. Matching Funds. Explain how you intend to meet the match requirement for your project and track your progress towards the match requirement. **(minimum 100 words, maximum 250 words)**



G. Food Safety.

All applicants will be asked to meet a level of food safety consistent with their farm or business operations. Applicants will be expected to work with ODA to determine what food safety schemes are best suited for their farm or business. If you do not know what food safety requirements may be necessary for your proposed project, call ODA Food Safety at 503-986-4720.

Applicants identifying as tribal enterprises or tribal producers should consult with their respective Tribal regulatory authority on requirements to manufacture, distribute and sell food products on and off tribal lands.

Applications will not be evaluated based on current food safety practices or certifications and applicants may use funds for costs to obtain necessary food safety requirements for proposed projects. However, applicants must clearly address food safety in their proposal. Describe your food safety plan and any current certifications or licensure you have to sell into institutional, retail, wholesale or export markets. If you do not have a food safety plan, describe what you need or how you will implement a food safety plan or practice in your proposed project. **(minimum 250 words, maximum 1000 words)**



**OREGON
DEPARTMENT OF
AGRICULTURE**

Farm to School Program

635 Capitol St NE, Salem, OR 97301-2532

503.709.5360 | oda.direct/F2S

Email: f2sgrant@oda.oregon.gov

G. Food Safety Continued.



BUDGET DETAIL FORM

Business/Organization/Tribal Enterprise: _____

Cost Category: Personnel Costs

Name/Position	Level of Effort (# of hours OR % FTE)	Total Estimate	Funds Requested
TOTAL		\$	\$

Cost Category: Fringe Benefits

Name/Position	Fringe Benefit Rate	Total Estimate	Funds Requested
TOTAL		\$	\$



Cost Category: Contractual Costs

Item	Qty.	Cost Per Unit	Total Estimate	Funds Requested	Source of Estimate
TOTAL					

Cost Category: Other Costs

Item	Qty.	Cost Per Unit	Total Estimate	Funds Requested	Source of Estimate
TOTAL					



Matching Funds

Expense Category	Description	Cash	In-kind
Subtotals			
TOTAL (Cash + In-kind) =			



Budget Summary

Cost Category	Estimated Cost	Funds Requested	Match
TOTAL			
TOTAL MATCH			
TOTAL FUNDS REQUESTED			
TOTAL ESTIMATED PROJECT COST (Funds Requested + Match)			



XI. Certification

By submitting this application and checking the box below, I certify the following:

- a. The information submitted in this application is true, correct, and complete to the best of my knowledge and I am an authorized representative of the Applicant Business.
- b. I understand that signing this document does not constitute an approved grant by the Oregon Department of Agriculture (ODA). Submission of this application does not obligate the ODA in any way to provide a grant.
- c. I understand that grant award amounts may be modified (increased or decreased) at the discretion of the ODA Director based on eligibility of the Applicant, eligibility of expenses, demonstrated need, contribution to the purpose of the project, applications received and / or funding availability
- d. I understand that expenses that have been or will be reimbursed by insurance or other federal, state, or local dollars may not be eligible expenses for the Oregon Farm to School Equipment and Infrastructure Grant
- e. I am not and none of the Applicant Business's owners are presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any federal or state department or agency, or presently involved in any bankruptcy.
- f. I understand that ODA will rely on the accuracy of the submittals and certifications made with this application. Any misrepresentation or inaccurate information may result in a determination of ineligibility and/or forfeiture of grant funds. I further understand I may be required to respond to requests for additional information or submit backup documentation proving the accuracy of my answers.

Authorized Representative: _____
(Name)

Title: _____

By checking this box I attest the accuracy of the information provided and that agree with the conditions listed above.

Date _____