**PROPOSAL FORM**

|  |  |
| --- | --- |
| Name of Applicant(s): | Grant Contact (Daily contact for project): |
| Business/Organization Name: | Name/Title:  |
| Mailing Address: | Email:  |
| Applicant Email:  | 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 producer who cultivates crops or raises livestock on borrowed, leased, public or privately-owned land, or Tribal lands?

[ ]  **Yes** [ ]  **No**

Are you a seafood harvester, for profit business, or agricultural cooperative that increases the use and processing of Oregon agricultural products for eligible entities under the ODE procurement grant program (ORS.336.431(3)(a)?

[ ]  **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, successful completion of past ODA grant programs, and 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 Requirement)

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

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

**4. what 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.**

[ ] 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?**

[ ] Small Farmer, Rancher or Seafood Harvester, which is an individual or entity that operates a farm, ranch, or seafood harvest operation in Oregon that produced and sold no more than $1 million (gross) of agricultural products during the previous calendar year.

[ ] Beginning Farmer, Rancher or Seafood Harvester, which is as an individual or entity that has not operated a farm, ranch, or seafood harvest operation for more than 10 years and that substantially participates in the operation of the farm, ranch, or seafood operation, as the case may be.

[ ] Oregon processor that sources at least 51% of raw agricultural ingredients from Oregon.

[ ] Business that a service-disabled veteran owns, as defined by ORS 200.055(9).

**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)***

Project Start Date \_\_\_\_\_\_\_\_\_\_ Project End Date\_\_\_\_\_\_\_\_\_\_\_

Total Project Cost (including Match):\_\_\_\_\_\_\_\_\_

Total Grant Request:\_\_\_\_\_\_\_\_\_\_

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

**B. Experience selling to schools**. Describe your experience selling to schools. Include past or current accounts with school districts, 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 or early child care centers (ORS.336.431(3)(a) you intend to sell to and how you 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 (ORS.336.431(3)(a). 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)***

**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)***

**E. Impact on Oregon Agriculture and School Market Access.** Provide an estimate of the total dollar value of Oregon agricultural products you expect your project to use in input and outputs. Describe how your proposed project will increase the sale of Oregon grown or processed products to school markets. Describe the timeframe in which you expect you’ll execute your sale to school(s). ***(minimum 500 words, maximum 1000 words)***

**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.

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)***

**BUDGET DETAIL FORM**

**Applicant Name:**

**Budget Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| **Cost Category** | **Estimated Cost** | **Funds Requested** | **Match** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** | **$** | **$** | **$** |
| **TOTAL ESTIMATED COST (Funds Requested + Match) = $****TOTAL MATCH = $ (%)** |
| **TOTAL FUNDS REQUESTED: $** |

**Personnel Costs**

|  |  |  |
| --- | --- | --- |
| **Name/Position** | **Level of Effort (# of hours OR % FTE)** | **Funds Requested** |
|  |  |  |
|  |  |  |
| **TOTAL** |  | **$** |

**Fringe Benefits**

|  |  |  |
| --- | --- | --- |
| **Name/Position** | **Fringe Benefit Rate** | **Funds Requested** |
|  |  |  |
|  |  |  |
| **TOTAL** |  | **$** |

**Equipment and Infrastructure Costs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Quantity** | **Cost Per Unit** | **Total Estimate** | **Funds Requested** | **Source of Estimate** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL**  |  |  |  | **$** |  |

**Supplies Costs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Quantity** | **Cost Per Unit** | **Total Estimate** | **Funds Requested** | **Source of Estimate** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL** |  |  |  | **$** |  |

**Contractual Costs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Quantity** | **Cost Per Unit** | **Total Estimate** | **Funds Requested** | **Source of Estimate** |
|   |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL** |  |  |  | **$** |  |

**Other Costs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Quantity** | **Cost Per Unit** | **Total Estimate** | **Funds Requested** | **Source of Estimate** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL** |  |  |  | **$** |  |

**Matching Funds**

|  |  |  |  |
| --- | --- | --- | --- |
| **Expense Category** | **Description** | **Cash**  | **In-kind** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Subtotals |  | **$** | **$** |
| **TOTAL = $** |

**WORK PLAN**

**Applicant Name:**

|  |  |  |
| --- | --- | --- |
| **Timeframe** | **Description of Task/Action Item** | **Responsible Party** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |