

2024 Delaware First State Food System Program Application

Delaware Community Foundation

Applicant Information

Entity Name*

Character Limit: 250

Entity Type*

Choices

- Food Producer
- Food Supply Chain Operator
- Other

Entity Description*

Please click one.

Choices

- For Profit
- Non Profit
- Public Charity

Brief Description*

Based on your above answer, please describe your entity. If you are a Non Profit, please include your Mission Statement.

Character Limit: 500

Years of Operation*

If this is a new/startup company or organization, provide a description of your industry experience.

Character Limit: 500

First State Food System Application

Is your sam.gov registration completed*

This is now a requirement for all applicants. You must complete this registration to get your UEI number to report below.

If the answer is no, click this link to get your UEI number before going further:

<https://sam.directory/register>

Choices

Yes

No

If yes, what is your UEI # ?

Character Limit: 100

Project Name*

Character Limit: 100

Project Information

Point of Contact for this project*

Character Limit: 250

Point of Contact's title and role in this project*

Character Limit: 250

Point of Contact's email*

Character Limit: 254

Point of Contact's cell phone number*

Character Limit: 250

Project Start Date*

Character Limit: 10

Project End Date*

Character Limit: 10

Project Summary*

Character Limit: 2000

What is the problem or challenge that this project helps address?*

Character Limit: 2500

What is the opportunity that this project helps bring to your entity?*

Character Limit: 2500

Collaboration*

List how your entity will collaborate or coordinate with other entities through this project (example: aggregating from other farmers, pooling transportation costs, marketing products under same brand, etc.)

Character Limit: 4000

Population Served*

Who will this project serve or who will benefit from this project? (if possible specify age, race/ethnic, socio-economic and geographic population)

Character Limit: 1500

Geographic Location Served*

What geographic location will this project serve? (example: your community, outside of your community, the whole state of Delaware, etc.)

Character Limit: 500

Letters of Support

Name project partners, stakeholders, contributors and upload letters of support here.

File Size Limit: 3 MB

Local Food System Impact

Describe how the project will positively impact the local food system.

What are the specific goals or outcomes of the project?*

Character Limit: 5000

Tasks/Activities*

What are the general tasks/activities to be completed during the project period to fulfill goals?

Character Limit: 5000

Data Collection*

What information or data will be collected related to the project (example: types of product sold, number of meals served, number of neighborhood delivery stops, etc.)

Character Limit: 5000

Long-Term*

How do you plan to continue this project once the grant has ended?

Character Limit: 5000

Project Objectives & Indicators

Project Objectives & Indicators

Please describe below.

PROJECT GOALS & OUTCOMES	INDICATORS TO MEASURE OR TRACK GOALS/OUTCOMES

Budget Narrative/Uploads

Total Funds Requested*

Character Limit: 20

Other Funding Sources*

List any funding sources outside of this grant used to complete this project (name and type):

Character Limit: 2500

One-Time Purchases

If funds requested are for one-time purchases of equipment, supplies, machinery or materials please complete the following:

Direct Purchase (Individual Item)	Description of Use	Total Cost

QUOTE ATTACHED?*

Choices

Yes

No

Detailed Budget/Narrative*

Budget Narrative Excel Template

Please click on the link above to download the detailed budget narrative Excel template. You **MUST** use this template to qualify for the grant. Please note: this spreadsheet has two tabs

which must be filled out, saved, and uploaded here. The narrative must include details as indicated in the RFA.

File Size Limit: 3 MB

Quote / Estimate or Proof of Purchase*

Please attach the quote / estimate OR proof of purchase (receipt(s)) for this work.

File Size Limit: 6 MB

Audited Financial Statements

If you answered yes above, please provide the most recent year's audited financial statements for your entity.

File Size Limit: 7 MB

Financial Statement Upload*

Please provide statements for the previous 2 years.

File Size Limit: 4 MB

Profit/Loss Statement Upload*

Please provide the most recent profit/loss statement for your entity.

File Size Limit: 2 MB

IRS Determination Letter

Please provide the IRS determination letter for your entity.

File Size Limit: 2 MB

Signature

Signature/Title of person completing this application*

I affirm that the information contained in this application is true and accurate. I affirm that if approved, I will submit a valid proof of purchase using the specified link, no later than the due date of the first Quarterly Report as specified in the Project Agreement.

Character Limit: 250

Submission Date*

Character Limit: 10

Unique ID Assigned

DO NOT FILL OUT - This will be created by Foundant after Application is Submitted.

Character Limit: 25

