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**MARYLAND DEPARTMENT OF HUMAN RESOURCES (DHR)
FAMILY INVESTMENT ADMINISTRATION (FIA)**

**GRANT APPLICATION – FEDERAL FISCAL YEAR 2013
(October 1, 2012 – September 30, 2013)**

**MARYLAND’S PROJECT TO INCREASE FOOD SUPPLEMENT PROGRAM (FSP) CUSTOMERS’
ACCESS TO FARMERS MARKETS**

SECTION I: SUBMISSION INFORMATION

All applications must be addressed to:

**Maryland Department of Human Resources
Family Investment Administration
311 West Saratoga Street, Room 640, Baltimore, MD 21201
Attn: Randy Graybeal, Outreach Coordinator, FSP and Special Initiatives Team**

The application must be received by DHR at the address above, no later than **March 29, 2013 at 3:00 P.M.** Late applications will not be accepted. An application will be considered late if: (a) it was not received by the designated DHR personnel by the due date and time; or (b) hand-delivery is attempted after 3:00 P.M. Therefore, please allow sufficient time to ensure mail delivery prior to the submission deadline. Late applications will be returned unopened. Applications sent via e-mail or facsimile will not be accepted.

SECTION II: ORGANIZATION IDENTIFICATION

JURISDICTION WHERE THE MARKET IS LOCATED: _____

GEOGRAPHIC AREA(S) SERVED BY THE MARKET (specify zip codes): _____

NAME OF THE FARMERS MARKET: _____

MANAGER/DIRECTOR: _____ Phone: _____ Ext. _____

Cell Phone: _____

FAX: _____ E-mail: _____

NAME OF THE ORGANIZATION WHICH INCURRED/WILL INCUR ALLOWABLE PROJECT COSTS:

(IF DIFFERENT from the name of the Farmers Market)

DIRECTOR: _____ Phone: _____ Ext. _____

(IF DIFFERENT from the Manager/Director of the Farmers Market)

Cell Phone: _____

FAX: _____ E-mail: _____

MAILING ADDRESS (where to send all correspondence such as applications, checks, notices of award, etc.)

Name: _____ Title: _____

Number and Street: _____

City/Town, State, and Zip Code: _____

ACTUAL LOCATION OF THE FARMERS MARKET (IF DIFFERENT from mailing address)

Number and Street: _____

City/Town, State, and Zip Code: _____

SECTION III: ORGANIZATION DESCRIPTION

1. Is your organization a not-for-profit, tax-exempt 501(c) (3) as determined by the Internal Revenue Service (IRS) of the Federal government? Yes No If you answered “Yes,” please submit your **IRS Determination Letter**.

2. List the IRS federal identification number that was issued to your 501(c) (3) organization by the IRS: _____

The name of the organization on the IRS 501(c) (3) tax exemption letter must match your organization’s name. If you are included in an IRS 501(c) (3) group ruling as a member of a larger organization, you must provide a statement, on official letterhead, from your parent organization verifying your inclusion in the group ruling.

3. Has your organization changed the name of your program or experienced any other change that affects your 501(c) (3) status or Federal ID number? Yes No If you answered “Yes,” provide verification with your application.

4. Is the Farmers Market authorized/licensed to accept SNAP? Yes No
If you answered “Yes,” please submit verification with your Application.
If you answered “No,” please submit a copy of the screen shot of the application status screen on the website of the USDA – FNS, which attests to the fact that you have **submitted** an application online. This documentation is needed to ensure that you can reasonably obtain authorization/licensure to accept SNAP, acquire wireless point of sale (POS) equipment through purchase or lease, and obtain wireless access services by the effective date of the Grant Agreement with DHR or **June 30, 2013**, whichever comes later.

5. Does the Farmers Market currently use wireless point of sale (POS) equipment?
 Yes Installation date: _____
 No

6. Days and hours of operation: _____

7. Months of operation: _____

8. How, when, and where do you publicize the Farmers Market? _____

9. Please specify the full array of services offered to Farmers Market customers on-site:

SECTION IV: CUSTOMER VOLUME

(This application will not be considered if the numbers are not provided.)

Please estimate the customer volume at the Farmers Market:

Daily _____

Weekly _____

Annually _____

SECTION V: DESCRIPTION OF COSTS

Please refer to the Guidelines before completing this section. All Applicants must complete this section.

Allowable Cost Category	One-Time Fees	Ongoing Fees
One-time purchase cost for the wireless POS equipment (Please attach an estimated quote, a copy of the vendor's bill and any contracts, if applicable)		
Lease fee for the wireless POS equipment (Please attach an estimated quote, a copy of the vendor's bill and any contracts, if applicable) Indicate the number of months the fee covers		
One-time equipment installation cost (Please attach an estimated quote, a copy of the vendor's bill and any contracts, if applicable)		
Wireless access fees (Please attach an estimated quote, a copy of the vendor's bill and any contracts, if applicable) Indicate the number of months the fee covers		

SECTION VI: AFFIRMATIONS

ANSWER THE FOLLOWING QUESTIONS

1. I have carefully read the Guidelines that accompanied this Application. Yes No
2. I understand that Applications are due to DHR on **March 29, 2013 at 3:00 PM** addressed to the attention of:

Maryland Department of Human Resources
Family Investment Administration
311 West Saratoga Street, Room 640, Baltimore, MD 21201
FIA/POS 13-002S
Attn: Randy Graybeal, Outreach Coordinator, FSP and Special Initiatives Team
3. I understand late applications will not be considered and will be returned. Yes No
4. I understand that faxed or e-mailed Applications will not be accepted. Yes No
5. I have enclosed current documentation of my not-for-profit status with the IRS. Yes No
6. I have provided the federal identification number issued to my 501(c) (3) organization on the second page of the Application. Yes No
7. I have answered all of the questions on the Application carefully and completely. I understand that incomplete Applications may not be considered for funding. Yes No
8. I have provided an estimate of expenditures, copies of bills and contracts, if applicable, as requested in Section V. Description of Costs. Yes No
9. I have submitted verification of authorization/licensure to accept SNAP or proof of application for authorization/licensure to accept SNAP. Yes No
10. I have made photocopies of everything that I am submitting to DHR with my Application so that I will have a record of these documents for my own files. Yes No
11. I further understand that I may be asked to verify the information that I have provided on this Application during a visit or informational telephone call made by the DHR staff. Yes No

I certify that the above information is correct and accurate to the best of my knowledge. I have read the program Guidelines and agree to abide by them and understand that my signature represents a binding agreement to abide by the program Guidelines. **Please sign using BLUE ink.**

Signature & Title of the Applicant's Authorized Signatory

Date

Printed Name of the Applicant's Authorized Signatory