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| DAD-BEBD-020 (rev. 1/2025) | | | | | | | | | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Division of Agricultural Development  2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911  Phone: 608.590.7239 | | | | | | | | |
| 2025 Tribal Elder Community Food Box Grant | | | | | | Wis Stat. §§ 93.07(2), 93.485. | | | |
|  | | | | | | | | | |
| FULL LEGAL NAME OF ENTITY/BUSINESS APPLYING | | | | | | | | | |
| CONTRACT SIGNER NAME AND TITLE | | | | | CONTRACT SIGNER EMAIL | | | | |
| PHYSICAL ADDRESS | | | | | CITY | | STATE  WI | | ZIP |
| MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS) | | | | | CITY | | STATE  WI | | ZIP |
| PROJECT COORDINATOR NAME AND TITLE | | | | | PROJECT COORDINATOR EMAIL | | | | |
| PROJECT COORDINATOR PHONE  (   )     - | |  | | | | | | | |
| PROJECT TITLE | | | | | | | | | |
| COUNTY OF PROJECT LOCATION | | | COUNTIES IMPACTED BY PROJECT WORK | | | | | | |
|  | | | | | | | | | |
| Grant Request: $ | | | | | | | | | |
| Certification: I certify to the best of my knowledge that the information in this application is true and correct and that I am legally authorized to sign and submit this application on behalf of this organization, which is legally eligible to enter into a grant contract. | | | | | | | | | |
| AUTHORIZED SIGNATURE (TYPED SIGNATURE IS ACCEPTABLE) | | | | TITLE | | | | DATE | |
|  | | | | | | | | | |

Completing this form is required to apply for the Tribal Elder Community Food Box Grant. Personally identifiable information provided on this form may be used for purposes other than that for which it was originally collected. See Wis. Stat. § 15.04(1)(m).

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| 2025 Tribal Elder Community Food Box Grant Application | | |
| Project Description: The project description must include a summary of the project suitable for the public and should be limited to 500 characters. It should be a self-contained description of the project. (500 characters) | | |
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|  | | |
| Project Justification: Describe the project need or opportunity. Describe how producers and/or processors will be supported and Tribal nation communities will benefit. | | |
|  | | |
| Project Partnerships: List all supply chain partners including producers and processors, any aggregator(s) or distributor(s), and all hunger relief/food access partners. Identify which partners are Tribal-owned and -operated. Clearly define the role(s) of each partner, identifying Tribal nation decision-making. Highlight any past experience working together that demonstrates project readiness. | | |
|  | | |
|  | | |
| Project Work Plan: Describe the major steps/activities needed to complete your project, who is responsible for each step, and the timeline for each step/activity *(hover mouse in left margin to add rows if necessary).* | | |
| **Project Activity** | **Who** | **Timeline** |
|  |  |  |
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| Project Outcomes & Impact: Describe the Tribal Nation community or communities that this project will benefit. Describe how much and what types of food will be procured and distributed and how this will be tracked. Describe how this project strengthens or expands partnerships, including how Tribal producers will benefit. | | |
|  | | |
| ***Project Management:*** Describe the systems, policies, and plans in place to ensure financial oversight and prevent fraud or mismanagement of project funds. Describe tracking systems to ensure producers and processors are paid fairly and that safe, high-quality food is delivered promptly to Tribal Nation communities. | | |
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| Project Evaluation: Describe how you plan to document food procurement, food distribution, and community impact. Describe how input will be gathered from beneficiaries and project partners and addressed throughout the life of the grant. | | |
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| Project Budget | | | | |
| Grant budgets can be up to $1,500,000 (*hover mouse in left margin to add budget rows if necessary).* | | | | |
| **Personnel** | | | | |
| **Name & Position** | **Salary/Hourly Rate** | **% time/ # of Hrs.** | **Fringe & Fringe Rate** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
| Personnel Subtotal | | |  | |
| **Travel** | | | | |
| **Description** | | **Miles** | **Rate** | **Total** |
|  | |  | $0.51/mile |  |
|  | |  |  |  |
| Travel Subtotal | | |  | |
| **Equipment Lease/Rental** | | | | |
| **Description** | | **# of Items** | **Cost per Item** | **Total** |
|  | |  |  |  |
|  | |  |  |  |
| Equipment Subtotal | | |  | |
| **Supplies** | | | | |
| **Description** | | **# of Items** | **Cost per Item** | **Total** |
|  | |  |  |  |
|  | |  |  |  |
| Supplies Subtotal | | |  | |
| **Contractual** | | | | |
| **Contractor & Description of Services** | | **# of Hours/Units** | **Rate** | **Total** |
|  | |  |  |  |
|  | |  |  |  |
| Contractual Subtotal | | |  | |
| **Food Procurement** *(must be at least 90% of the total budget)* | | | | |
| **General List of Foods to be Procured** | | **# of Producers** | **# of Processors** | **Total** |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
| **Other** | | | | |
| **Description** | | **# of Items** | **Cost per Item** | **Total** |
|  | |  |  |  |
|  | |  |  |  |
| Other Subtotal | | |  | |
| **Grant Budget Total** | | |  | |

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| Budget Justification: Describe every project expense listed in the budget table above. List additional details and explanation for each expense. Explain how each expense is necessary and how it will help achieve project goals.  **Personnel** |
| **Travel**    **Equipment**    **Supplies**    **Contractual**    **Food Procurement**    **Other** |