



2019 Partner in Equity Food Project Grant  
*Background Letter*  
Version 2: Grant Maximum: \$2,000

Dear Applicant,

The Tamara D. Grigsby Office for Equity and Inclusion, in partnership with the Dane County Food Council, is pleased to announce the second annual Partner in Equity Food Project Grant. This grant program was created to encourage the innovative development of projects that advance equity and access in local food systems across Dane County. The budget to support food projects is \$20,000 in 2019. Individuals and organizations with smaller projects are especially encouraged to apply. As a result, there will be two different application categories: the first grant pool of \$15,000 will support funding requests up to \$4,000; the second grant pool of \$5,000 will support requests up to \$2,000.

**PLEASE FILL OUT THIS APPLICATION IF REQUESTING FUNDING of \$2,000 or less.** The maximum amount of any one grant will be \$2,000 – at least 4 grants will be awarded. If you are requesting more than \$2,000, please [click here](#) to select Grant Application Version 1.

Proposals should address one of more of the following focus areas:

- Increase access to healthy food
- Ease access to land for growing food
- Address issues of food waste and recovery

Priority will be given to projects serving Dane County communities outside the city of Madison and those that impact underserved or underrepresented communities in Madison.

To apply, complete the application form below. If you have questions or need assistance completing the application, please contact Theola Carter at (608) 283-1471 or by email at [OEIGrantSubmission@countyofdane.com](mailto:OEIGrantSubmission@countyofdane.com).

Please submit your application electronically to [OEIGrantSubmission@countyofdane.com](mailto:OEIGrantSubmission@countyofdane.com) or by mail/hand delivery (**postmarked no later than 4:00 PM on March 1, 2019**) to:

ATTN: Theola V. Carter  
Tamara D. Grigsby Office for Equity and Inclusion  
210 Martin Luther King Jr. Blvd, Room 356  
Madison, WI 53703

We look forward to reviewing your application.

Sincerely,

Theola V. Carter, MPA



## 2019 Dane County Partner in Equity Food Project Grant

APPLICANT INFORMATION
Title of Proposal:
Amount Requested (max. \$2,000):
Agency/Organization/Group Name (Please provide the full, legal business name):
Address:
Contact Person (Name):
Telephone number:
Email:
Is your group a 501 (c)(3)? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is your group Incorporated under Chapter 181 Wisc. Stats.? <input type="checkbox"/> YES <input type="checkbox"/> NO
If no to above, do you have a fiscal agent? <input type="checkbox"/> YES Fiscal agent: _____ <input type="checkbox"/> NO
Part I: Project Overview (35 points)
Please provide a brief overview of your project including: <ul style="list-style-type: none"><li>● Description of the project including how it relates to food access, land access for growing food, and/or reducing food waste</li><li>● Who the project will serve</li><li>● Goals and outcomes the project seeks to accomplish</li><li>● Area(s) of Dane County your project will serve (please be as specific as possible)</li></ul>

**PART II: COMMUNITY IMPACT, RACIAL EQUITY, AND SOCIAL JUSTICE (20 POINTS)**

*The following questions are about who your project/program reaches and the potential impacts to individuals and communities (direct, indirect; intended, unintended). Priority is given to communities outside the city of Madison and those that impact underserved/underrepresented communities. Please answer each question in 150 words or less.*

1. Who (individuals or groups) does your project intend to serve; and, if appropriate, how will the community to be served be engaged with this project?

2. Please describe how your project will be delivered and explain the impacts to communities of color and/or low-income communities?

**PART III: FINANCIAL NEED (25 POINTS)**

1. Please describe specifically how the funds from this grant would be used:

**BUDGET SUMMARY (5 POINTS)**

Budget Expenditures (including staff positions)	Total Project Costs	Amount of County Dollars Requested	Amount of Other Revenues/In-Kind Support	Remaining Funding Gap (if any)

**PART IV: DISCLAIMER AND SIGNATURE**

*I certify that my answers are true and complete to the best of my knowledge.*

Signature:

Printed Name:

Date:

**Deadline to submit: March 1, 2019 (4:00pm)**

Submit to Theola Carter, Manager of Policy and Program Improvement

Electronically: [OEIGrantSubmission@countyofdane.com](mailto:OEIGrantSubmission@countyofdane.com)

OR

By Mail:           ATTN: Theola V. Carter  
                      Tamara D. Grigsby Office for Equity and Inclusion  
                      210 Martin Luther King Jr. Blvd, Room 356  
                      Madison, WI 53703