

**ARP Market Match Applications must be submitted via the Google Form linked in the Project Partner page by the due date. This document is intended to assist potential project partners in preparing their application.**

L.A. County Department of Public Health (LACDPH) has partnered with Sustainable-Economic Enterprises of Los Angeles (SEE-LA) to implement the American Rescue Plan (ARP) Market Match Program.

SEE-LA is seeking project partners to implement and expand the program throughout L.A. County through the distribution of Market Match nutrition incentives.

Applications will be accepted from September 15th, 2022 to October 14th, 2022 at 5:00 pm PST. Project partners will be awarded on a rolling basis to ensure rapid project implementation.

Proposals will be reviewed by an Evaluation Committee selected by SEE-LA and LACDPH. Applications will be evaluated based on the questions in this form and supporting documents and attachments. They will be scored according to point values assigned to each section of the application and ranked in numerical sequence from high to low.

Upon completion of ranking and evaluation, funds will be allocated considering target populations and/or geographic area needs as described in the Project Background.

### **Additional Information**

For additional information and questions about the application, please contact us at [arpmarketmatch@see-la.org](mailto:arpmarketmatch@see-la.org).

Thank you for your interest and for your commitment to ensuring equitable access to healthy foods in the communities you serve.

## Minimum Mandatory Requirements

Organizations must be based in Los Angeles County and meet the minimum mandatory requirements (MMRs) before progressing to the application. Applicants can move on to complete the application only if MMRs are met.

Please answer the following questions to assess your organization's eligibility.

1. What is your proposed project site's Federal Nutrition Assistance Program (SNAP EBT or WIC) authorization status? (Select all that apply)
  - Proposed project site(s) was recently authorized by the USDA Food and Nutrition Service (FNS) to accept SNAP Electronic Benefits Transfer (EBT), has a valid FNS number from USDA FNS, but does not yet have a Point of Sale (POS) device
  - Proposed project site(s) is authorized by the USDA FNS to accept SNAP EBT cards, has a valid FNS number from USDA FNS, and has obtained a POS device.
  - Proposed project site(s) application to accept SNAP benefits has been submitted and/or is currently being processed by the USDA FNS.
  - Proposed project site(s) is authorized to accept WIC card benefits and has obtained an eWIC Point of Sale (POS) device(s).
  - Proposed project site(s) application to accept WIC benefits has been submitted and/or is currently being processed by CDFA.
  
2. What is your proposed organization/project site(s) type? (select all that apply) \*
  - Registered 501(c)(3) nonprofit organization
  - Fiscally sponsored nonprofit organization

- For-Profit grocer or corner store: small business (6-500 employees, with revenue not exceeding \$7.5M)
- For-Profit grocer or corner store: micro enterprise (1 to 5 employees including owner)
- Community Supported Agriculture project (CSA)
- Farm Stand (Direct Marketing Farmer)
- Reseller: Mobile Market
- Certified Farmers Market
- Reseller: Fixed location Pop-up Market

You must select at least one of the options noted in each question of the Minimum Mandatory Requirements section.

If none of the available options applies to your organization or proposed project site(s), your proposed project site(s) is currently not eligible for the ARP Market Match project.

If you would like to learn more about becoming SNAP or WIC authorized please access the following resources or contact us for additional questions.

[ONIE Project USDA FNS Authorization Presentation](#)

[Information for prospective WIC vendors](#)

**Application Section 1: Basic Organization Information – Maximum Points Possible: 10**

1. Organization Name \*
2. Organization Address (please include zip code) \*
3. Name and title of organization Executive Director, owner, or president\*
4. Email address of organization Executive Director, owner, or president\*
5. Grant application contact name and title (if different from above)
6. Email address of grant application contact

7. Best phone number to reach applicant in the event of any questions regarding this application \*

8. Links to website and/or social media account(s) \*

**Application Section 2: Detailed Organization Information - Maximum Points Possible: 20**

1. Year(s) that organization or proposed project site were established \*

2. Number of employees and/or volunteers \*

3. County Board of Supervisor District of Organization\*. To locate your Supervisorial District visit:

<https://www.lavote.gov/apps/precinctsmaps> -

4. Mission Statement \*

5. Brief Organization History \*

6. Description of activities and previous accomplishments related to addressing food insecurity. \*

7. Description of the target population and communities you work in \*

**Application Section 3: Detailed Program and Financial Information - Maximum Points Possible: 30**

1. Describe your organization's experience managing nutrition and/or SNAP incentive funds. \*

*We welcome first time participants. If this is the first time you would be managing nutrition incentives funds you will not be disqualified from participating. (If your project site would be initiating activities for the first time please write "N/A").*

(2500 character limit)

2. Describe your existing infrastructure and capacity to distribute nutrition and/or ARP Market Match incentives (including number of staff, technology you use, and administrative capacity to collect and organize data on SNAP and/or WIC card sales). \*

(2500 character limit)

3. What is the total amount of nutrition incentives you currently distribute and number of SNAP EBT and/or WIC card customers you currently serve on a yearly basis? (If your project site would be initiating activities for the first time please write "N/A") \*

(2500 character limit)

4. If you have never distributed nutrition and/or SNAP incentives, please answer the following\*:

- a) How many SNAP EBT and/or WIC card participants do you serve or expect to serve on average over a one-year period?
- b) What is your projected or current total annual CalFresh and/or WIC card sales amount?

If this question is Not Applicable, please write (N/ A).

5. Please briefly describe your site's produce sourcing practices. Retailers who sell California-grown produce will be prioritized. However, retailers selling non-California grown produce will NOT be excluded.

6. Identify location(s) of proposed sites, including\*

a) Site Type

b) Addresses and LAC Supervisorial District (can be located at <https://www.lavote.gov/apps/precinctsmaps>)

7. Please prepare a proposed budget using the template provided on the project page. Include the projected dollar amount of incentives to be distributed, and other direct program costs. Proposed budgets must dedicate most of the grant funding to incentives. \*

An ideal project budget would show 23% for direct costs including personnel/benefits/mileage (all non-incentive costs) and 77% for incentives. New project sites should provide a minimum dollar-for-dollar match for the purchase of fresh fruits and vegetables of \$10, however are encouraged to propose a budget that will provide a match above the \$10 minimum. Sites already distributing Market Match or similar nutrition incentives must provide a minimum \$15 dollar-for-dollar match. The maximum match for any proposed site should be \$20. Sites distributing Market Match for the first time may offer up to \$20 maximum with ARP Market Match funds, while sites already distributing Market Match incentives may use ARP Market Match dollars to provide a combined match of \$20 using both CNIP/GusNIP and ARP Market Match funding.

Small organizations operating one to two project sites may request between \$5,000 - \$100,000 for all direct program costs and incentives. Prospective partners applying for more than two incentive distribution sites may request more than \$100,000; however, our ability to fully fund each partner will vary depending on availability of funds and the volume of qualifying applications received.

#### **Application Section 4: Equity and Diversity - Maximum Points Possible: 20**

1. Describe your organization's demonstrated commitment to serving the following communities\*:
  - a. Most impacted by the COVID-19 public health emergency; and/or
  - b. Have the highest rates of CalFresh/SNAP EBT participation; and/or
  - c. Have been historically impacted by Neighborhood Redlining.

Equity Explorer tool to view impacts to communities:

[https:// appcenter.gis.lacounty.gov/ arpa-projects-map/](https://appcenter.gis.lacounty.gov/arpa-projects-map/)

2. Describe how your organization engages members of the community directly impacted by your work in service delivery and decision making.
3. Describe the existing Racial, Ethnic, LGBTQIA+ and Gender Diversity and/or strategic plans for increasing diversity in staff leadership and personnel. \*

**Application Section 5: Additional Attachments and Supporting Documents - Maximum Points Possible:**

**20**

1. If applicable, please attach the following in PDF format:
  - a. FNS SNAP Authorization (if applying for 1 project site); or
  - b. A list of project site FNS numbers if applying for more than 1 site; and/or
  - c. eWIC vendor agreement or authorization(s)

If your SNAP or WIC vendor authorization is currently being processed, please move on to the next question.

2. If your SNAP or WIC authorization is currently being processed, please attach the following in PDF format:
  - a. Proof of your application submission from the USDA FNS (SNAP EBT) or CDPH (WIC)
3. If applicable, please attach the following in PDF format:
  - a. 501(c)(3) status determination letter and/or Fiscal Sponsorship Agreement Files submitted:
4. If your organization is currently managing more than \$750,000 annually in federal \* grant funds, please attach the following in PDF format:
  - a. Copy of most recent Single Audit File