## MICHIGAN LOCAL FOOD COUNCIL NETWORK SEED GRANT REQUEST FOR FUNDING

Grant Period: October 1, 2019 - September 30, 2020

Please complete each of the following fields and return form to Liz Gensler, MLFCN cocoordinator at <u>gensler@msu.edu</u>. Initial requests for funding are due **by 6pm on**Thursday, July 18, 2019.

## LOCAL FOOD COUNCIL REQUEST FOR FUNDING

Please recall that a central element of the grant review process will be questions and feedback on the funding requests by review team members, and applicants will be asked to revise proposals based on that input. As such, this form is meant to convey the key points of your proposed concept, but is not intended to capture every element and is intended to be simple to prepare.

## Council Name:

1.	Council basics - Describe food cou	uncil activity in your area,	including information	n on local
	community involvement/support.	Please include the geog	raphic area the counc	il serves.

2. Council diversity - Describe how the council engages diverse stakeholders and is (or working to become) representative of the community it serves.

3. Proposed project description - A brief overview of the local food council challenge these funds will address, the overall goal, and a statement of your council's need for these funds to achieve this goal.

4. Work plan - Provide a concise description of the project's key activities, including timeframes and active partners for each.
5. Project outcomes - Please list intended project outcomes with measures. Measures can be simple and may be qualitative or quantitative (e.g., "a 25% increase in active council membership" or "a strategic plan outlining goals and activities for the next three years.")
6. Network engagement - Describe how this proposal will strengthen your council's participation in the Michigan Local Food Council Network
7. Contact Information
For council contact person: For fiduciary (if different):
Name
Title/Role
Address
Phone
Email

8. Budget - Please use the format below and include funds from other sources for the proposed project

Category	MLFCN seed grant request (\$)	Other funds (\$)	Source of other funds
Personnel			
Travel			
Meeting expenses			
Supplies and materials			
Other (describe):			
Other (describe):			
Other (describe):			
TOTAL			

9. Letter(s) of support (optional) - One to two letters of support are recommended, but not required. These should be from an existing food council member or, in the case of forming council, someone other than the principal person(s) working to establish the council, explaining how the existing or forming council and/or community would benefit from the resources.

## **DESIGNATION OF REPRESENTATIVE TO THE GRANT REVIEW TEAM**

Councils applying for the current seed grant funding will designate one representative to the review team. We intend for the review team to be representative of the racial and economic diversity of Michigan and its councils. This person must be an active participant in a council, but does not have to be a current or former leader or staff of the council. The council representative will present the funding request and respond to questions on your proposal in the first review team meeting. This person will also receive and be responsible for communicating feedback from the review team on suggested revisions to the proposal for the second round of review. Please provide the information requested below to designate a representative of your council on the MLFCN seed grant review team.

Review team members will be provided a \$50 stipend to acknowledge the time they contribute to reviewing requests and meeting.

Name of nominee:

Role of nominee in food council:

How nominee represents the diversity of the community of the local food council:

E-mail and phone number of nominee:

Please have nominee provide availability for two virtual meetings up to four hours August 5-8 and August 28-September 5 in the Doodle form at <a href="https://doodle.com/poll/p5ervugierx3fa4h">https://doodle.com/poll/p5ervugierx3fa4h</a>