State of California California Department of Food and Agriculture Office of Farm to Fork

Healthy Stores Refrigeration Grant Program Proposal Form - Corner Stores and Small Businesses F2F-001 (Est 09/19)

There are two concurrent RFPs. This is the proposal form for corner stores and small businesses. Please answer all questions, writing N/A if a question is not applicable.

1.	Contact information for business:
	Legal business name:
	Physical Address:
	Website (write n/a if none):
	Phone:
	Email:
2.	Business federal tax ID number:
3.	Mailing address of business if different from physical address:
1	Contact information for business owner:
	Name:
	Address:
	Phone:
	Email:

5.	Contact person for this grant, if different from the owner:
	Name:
	Address:
	Phone:
	Email:
6.	Type of business:
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1.	Do you accept EBT/SNAP/CalFresh benefits? If so, what is your FNS number? If not, have you applied to become authorized to accept nutrition benefits?
8.	What type of fresh produce and how much of it did you sell in the past month?

9.	What type of CA-grown produce, nuts or minimally processed foods do you want to stock – and what has led you to choose these items?			
10	Where will you get CA-grown produce, nuts or minimally processed food items to stock?			
11	If awarded a grant, will you add more CA-grown produce, nuts or minimally processed foods, and/or offer a broader selection of CA-grown produce, nuts or minimally processed foods for sale? Please explain.			

12. If requesting multiple types of units, explain the location and purpose feach (for example: two units to sell produce in a corner store; one cart sell from a farm stand; and one refrigerated truck to bring produce from farm to corner stores). If requesting any units other than stand-alone, sas carts, trucks or other, describe why this equipment is needed and ar energy efficiency measures you will take.	to n a uch

13. Detail equipment requested, specifying type, make, model and refrigerant used as well as number of units requested and total cost. Exact equipment must be specified at time of submission. Each type of equipment should be a different line item. Add rows if needed. Include any energy efficiency addons such as night covers.

(For guidance on eligible units, see the <u>Energy Star database</u> and the catalog of pre-vetted equipment choices in Appendix A for guidance on stationary equipment that meets energy efficiency and global warming potential standards. You may contact the Office of Farm to Fork with questions.)

EQUIPMENT REQUESTED

Type of equipment (e.g.: stand-alone unit)	Make	Model	Refrigerant Used	# of units	Cost
TOTALS	n/a	n/a	n/a		

e C	Vould you like to be connected to a corner store or small business owner with experience selling fresh produce who can provide best-practices advice? CDFA cannot guarantee a match but may be able to facilitate a connection. Answers to this question will not affect award decisions.
	Where did you learn about this opportunity? *Answers to this question will not ffect award decisions.
46.6	
е	Optional: please add any additional information you would like to provide, for xample, describing how your store/small business serves low-income or ow-access clientele.

17. Who has prepared this application, if not the store or small business owner? *Answers to this question will not affect award decisions.	
Name:	_
Professional Title:	_
Email:	
Phone number:	
Questions? Email cafarmtofork@cdfa.ca.gov with questions about this RFP. Questions and answers will be anonymized and posted in Frequently Asked Questions on the program website for all potential applicants to review.	