2026 California Nutrition Incentive Expansion: Special Supplemental Nutrition Program for Women, Infants and Children (WIC), WIC Farmers Market Nutrition Program and Senior Farmers Market Nutrition Program

Proposal Template

Track 1: Incentives and Support

A. Project Title

Provide a concise title for the proposed project.

B. Abstract

Provide a brief description of the project.

C. Applicant Background

Organization's Legal Name:

Organization Location (Address):

Organization Type (please check):

___ Certified Farmers' Market authorized to accept WIC, WIC FMNP and/or SFMNP benefits

___ Non-profit organization applying to work with Certified Farmers' Market(s), that are authorized to accept WIC, WIC FMNP and/or SFMNP benefits

Locations

Please fill out the table below for every site that will be distributing incentives. If your proposal includes adding sites yet to be determined, please describe them to the best of your ability (approximate number, general location, site type). Please add additional rows as needed. You may opt to include an Excel spreadsheet as an attachment instead.

Site Name	Site Address	Months of Operation or Year-Round	Days/Hours of Operation	Site Type (e.g. Certified Farmers' Market, farm stand)	Benefit Matched (list all that apply: WIC, WIC FMNP, SFMNP)

D. Responsible Party Contact Information

Name:

Title:

Email Address:

Phone:

Address:

E. Project Proposal

1. Project Goals and Intended Outcomes

Please list project goals and intended outcomes

Goal 1:
- Outcome 1.1
- Outcome 1.2 …
- Etc.

Goal 2:
- Outcome 2.1
- Outcome 2.2
- Etc.

Etc.

2. Activities and Timeline

Please use the following table to list the activities that will be performed to achieve the goals and outcomes.

Goal and	Activities	Timetable

Outcomes		
Goal 1 Outcome 1.1	Activity #1	MM/DD/YY – MM/DD/YY
Goal 1 Outcome 1.2	Activity #2	MM/DD/YY – MM/DD/YY

F. Marketing/Outreach (2500-character limit)

a. Describe the strategy for marketing the incentives to eligible participants. Make sure to include relevant activities from the above table.

b. In what languages will program materials be offered and outreach conducted?

G. Technical Assistance and Support (2500-character limit)

1. Will technical assistance be offered to farmers, vendors and/or market managers? Please describe and make sure to include relevant activities from the activities table.

2. Will technical assistance be offered to WIC and senior shoppers using their Farmers' Market Cards? Please describe and make sure to include relevant activities from the activities table.

H. <u>Operations</u>

Describe how the incentives will target California-grown fruits and vegetables, how the incentives will be distributed (e.g. amount, duration, and the technology that will be used to process incentives), and how incentives will be tracked.

1. <u>Incentive Design</u> (2500-character limit)
Please describe the structure of the incentive design, including, but not limited to:
a. How are California-grown fruits and vegetables targeted/marketed?
b. How frequently will shoppers be eligible for incentives?
c. What will the value of the incentive be? How will it relate to the amount of benefits spent? What is the maximum incentive value a shopper can receive? (e.g. A shopper will receive an incentive of $1 for every WIC FMNP $1 spent, up to $15 dollars per visit)

2. Technology Used (1500-character limit)
   Please describe the technology to be used to distribute and track incentives (e.g. token, paper coupon, etc.). If using separate mechanisms for WIC and Senior shoppers, please note that here.

3. Tracking and Accountability (2500-character limit)
   Please describe any mechanisms (e.g. staff training, electronic tracking systems, etc.) your organization will have in place to ensure:
   a. Only California-grown fruits and vegetables will be incentivized
   b. Only eligible shoppers receive incentives
   c. Eligible participants do not exceed set limits of incentives

I. Communities Reached

1. Geographic Reach (1500-character limit)
   Describe the areas where this project would operate and the communities it would serve, including income and demographic information if available.

2. For the communities reached, please describe the following (1500-character limit):
   a. Incidence of diet-related diseases: including diabetes, obesity, and high-blood pressures. These data can be found at CDPH.
   b. Percentage of the population that is eligible for nutrition benefits
   c. Access to healthy foods
      i. Proportion that are "low-income" areas (census tract locations where the income of at least 20 percent of the population is at or below the federal poverty level or if the median family income is at or below 80 percent of the median family income of surrounding census tracts). These data for locations can be found at USDA Food Access Research Atlas
      ii. Proportion of those in low-access areas. "Low access" is defined a census tract in which there are significant barriers to accessing a supermarket or large grocery store. This includes a census tract with at least 500 people or 33 percent of the population that lives more than one mile, for nonrural areas, or more than 10 miles, for rural areas, from a supermarket or large grocery store. Data can be found at USDA Food Access Research Atlas.

3. Diversity, Equity and Inclusion (2000-character limit)
   Please describe your organizational approach to diversity, equity, and inclusion. For the proposed project, how will you ensure all community members will be reached? What measures will you take to ensure low resource and underserved groups are targeted for this project?

J. Previous Experience (2000-character limit)

Describe any experience processing or supporting EBT transactions, Nutrition Incentives, WIC, WIC FMNP, and/or SFMNP transactions; working with CalFresh/WIC/SFMNP, farmers, vendors, and/or market managers; community engagement and other food-access related experience.

K. Additional Partnerships (1500-character limit)

Please list any additional organizations you will partner with, describing the organization(s) and their role(s) in the project.

Optional question (unscored): How did you hear about this grant opportunity?

L. Cost Share/Matching Funds

While not required, cost sharing is encouraged, and the amount proposed will be used as a criterion in grant scoring.

Provide a list of proposed matching funds, indicating whether it is in-kind or financial support, the source and amount.

Matching Fund Amount	Type	Source	Description
Example: $500	In-kind (labor)	ABC Farmers Market	Market manager's time training vendors on how to implement the program
Example: $1000	Cash	XYZ Foundation	Money to purchase program marketing materials

M. Proposed Budget Narrative

All expenses described in the budget narrative must be associated with costs that will be covered by the grant. Applicants are also required to submit the "CNIP Budget Calculator and Overview" excel spreadsheet to accompany their narrative. (template available at https://cafarmtofork.cdfa.ca.gov/cnip.html)

Indirect costs are capped at 15% of operating expenses (Personnel, Travel, Other Direct Costs, and Subaward costs; excludes incentive costs) unless the applicant has a federally negotiated indirect cost agreement, a copy of which needs to be submitted as an attachment to this application.

All awards are subject to the terms and conditions, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, and other considerations described in the most recent Terms and Conditions of Award.

All costs must be allowable in accordance with the federal cost principles outlined in 2 CFR part 200 Subpart E.

Please fill out all sections of the following budget narrative.

BUDGET NARRATIVE – CALIFORNIA NUTRITION INCENTIVE PROGRAM

Project Dates: _____-_____

Lead Organization: _____
Project Director: _____
Contact (email and phone): _____
Project Title: _____

Section A – Personnel

Total Requested $_____

1. Staff Name and Title
    a. Project Role Description:
    b. Base Salary:
    c. Hours Calculation:
    d. Requested Salary:
    e. Requested Fringe:

Note: List the organization's employees whose time and effort can be specifically identified and easily and accurately traced to project activities. For each individual listed, provide a resume.

Section B – Equipment

Total Requested $_____

Note: describe any special purpose equipment to be purchased or rented under the grant. "Special purpose equipment" is tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost that equals or exceeds $5,000 per unit.

Section C – Travel

Total Requested $_____

1. Domestic Travel

   Trip #1 $_____
   Description and role in project:

Note: Explain the purpose for each trip or trip type request. Please note that travel costs are limited to those allowed by formal organizational policy. For recipient organizations that have no formal travel policy, allowable travel locations and costs may not exceed those established by the California Department of Human Resources, including the maximum per diem and subsistence rates prescribed in those regulations. This information is available at http://www.calhr.ca.gov/employees/pages/travel-reimbursements.aspx

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Section D – Incentives

Total Requested $_____

Section E – Other Direct Costs

Total Requested $_____

1. Materials and Supplies
   a. Requested Funds: $_____

      Materials and Supplies by item:

         Supply #1
         Description and use in project:

            i. Requested Funds: $_____

Note: List the materials, supplies, and fabricated parts costing less than $5,000 per unit and describe how they will support the purpose and goal of the proposal.

2. Publication Costs
    a. Requested Funds: $_____

        Publication Cost #1
        Description and role in project:
            i. Requested Funds: $_____

    Note: List the publication costs per item and describe how they will support the purpose and goal of the proposal.

3. Computer Services
    a. Requested Funds: $_____

        Computer Services Cost #1
        Description and role in project:

            i. Requested Funds: $_____

4. Subawards/Contractual Costs
    a. Requested Funds: $_____

        Subaward Cost #1:
            Description and role in project:
            i. Requested Funds: $_____

5. Equipment or Facility Rental/User Fees
    a. Requested Funds: $_____

        Equipment/Facility Rental Cost #1
        Description and role in project:
            i. Requested Funds: $_____

    Note: List the equipment/facility rental per event or event type and describe how it will support the purpose and goal of the proposal.

Section F – Subawards/Contractual Costs

Total Requested $_____

Subaward Cost #1:
Description and role in project:

i. Requested Funds: $_____

Note: List each subaward and/or contractual cost (including fee structure) and describe how it will support the purpose and goal of the proposal.

Section G – Total Direct Costs

Total Requested for Direct Costs $_____

Section H – Indirect Costs*

Total Requested for Indirect Costs $_____

*Indirect costs are capped at 15% of operating expenses unless the applicant has a state negotiated indirect cost agreement, a copy of which needs to be submitted as an attachment to this application. Operating expenses do not include incentives.

Section I – Total Direct & Indirect Costs

Total Budget Request **$**_____