



**Alaska Department of Natural Resources
Division of Agriculture**



2016 Farm to Healthcare or University Grant

Instructions & Guidelines—Application Deadline August 5, 2016

To: Interested Alaska Health Care or University Operations

The Division of Agriculture is soliciting applications for Farm to Health Care or University operations promoting activities that connect food service staff, customers and producers with specialty crop products grown or produced in Alaska.

The Division of Agriculture intends to award multiple contracts from this solicitation. United States Department of Agriculture (USDA) Specialty Crop Block Grant is the funding source for this opportunity; projects therefore must focus on Alaska specialty crops.

Specialty crops are defined as “fruits and vegetables, tree nuts, dried fruits and horticulture and nursery crops, including floriculture.”

The USDA maintains a list of eligible specialty crops on its website: www.ams.usda.gov/scbgbp.

<i>What is a Specialty Crop?</i>	
<i>Yes</i>	<i>No</i>
Fruits and Vegetables	Livestock
Flowers	Dairy products
Mushrooms	Feed crops
Sod and Turf	Oil crops
Bees and Honey	Aquaculture

Eligible Applicants

Hospitals, Universities or Senior Service Facilities that serve meals during the summer.

Purpose

The purpose of the Farm to Health Care or University project is:

- To increase Alaska Health Care and University facilities use of Alaska specialty crops during the summer months.
- To encourage consumer knowledge of specialty crops producers in Alaska.

Project Expectations

Requirements of the contract will include:

- Program contact.
- Promotion of a Farm to Summer Food Service educational or marketing material.
- Final report indicating # of menu items, taste tests and/or new recipes developed.
- Submit claims for reimbursement for this grant by November 15, 2016. All purchased items must have receipts and receipts must be dated after award notification.
- Stipends for a coordinator must be documented in an invoice with the hourly rate, number of hours and dates.



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Project Commitments

- Specialty crop purchasing (form will be provided):
 - o Provide us with an estimate of how much local food you currently purchase (divided out by specialty crop and non-specialty crop).
 - o Provide us with information about what specialty crops you purchased with this money (from who, where you got it, what you get, how much you got and how you use it).
 - o Provide us with what you intend to purchase next year based off of your new connections.
- Completion of a final report (form will be provided).

Project Funding

Participating sites are allowed the following budget categories:

- Supplies - Projects are allowed to budget for marketing supplies, small tools and resources, and non-permanent structures such as produce bins or crates.
- Specialty Crop Stipend - Each site that is signed up to participate in this program will receive a stipend to purchase Alaska Grown specialty crops to bring back to the feeding site for education purposes, taste tests, recipe development and incorporating into the menu. No more than \$500 of the requested funds can go towards food purchases and there must be an educational component involved.
- Travel - Up to \$500 per participating site to travel to a farm, farmer’s market or other food system facility tour.
- Coordinator Stipend - Each site will be allowed to award a stipend to a person for coordination of the project. There is no limit on the coordinator stipend and it can be any percentage of the award.

Overview

1. Funds cannot be spent prior to award notification; receipts and stipend invoices must be dated after award notification.
2. No more than half of the funds requested can go towards specialty crop purchases and all food purchases must be used for menu development or consumer education/input (i.e. recipe development, taste tests, and sampling).

Facility Information

Facility Name: _____

Address (Street, city, state, zip): _____

<i>Please select your facility type:</i>		
Hospital	Senior Facility	University
Number of Meals Served:	Number of Meals Served:	Number of Meals Served:
To Staff: _____	To Staff: _____	To Staff: _____
In Cafeteria: _____	In Cafeteria: _____	In Cafeteria: _____
To Patients: _____	To Patients: _____	To Patients: _____



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Please complete as best as possible:

Current Local Food Habits

_____	# of Alaska specialty crop producers you currently purchase from
_____	# of Alaska Grown products you buy
_____	Quantity of Alaska Grown products you buy

Source of Alaska Grown products you purchase (Distributor, Farm, Farmer’s Market, Store)

Proposal

Tell us briefly how your facility plans to educate or market Alaska Grown specialty crops.

Tell us briefly about your purchasing plans.

Will you buy Alaska specialty crops from a farm, farmers market, distributor, or grocery store?

How will you utilize the specialty crops you purchase?

Will you hold taste tests/samplings with the students, incorporate them into the menu, or develop new recipes?





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Budget

We will need receipts for all funds expended and invoices for coordinator stipends.

Maximum allowable grant awarded up to \$5,000 total.

Category	Description	\$ Requested	Max \$ Allowable
Supplies			
Specialty Crop Food Stipend			\$500
Travel			\$500
Coordinator Stipend			

Conditions of Grant Award:

Please initial by each condition that you have read, understand and accept these conditions.

In applying for the Farm to Health Care or University Application the applicant agrees to:

1. _____ Provide us with an estimate of how much local food you currently purchase (divided out by specialty crop and non-specialty crop).
2. _____ Provide us with information about what specialty crops you purchase with this money (from who, where you got it, what you get, how much you got and how you use it).
3. _____ Provide us with projections for what you intend to get next year now based off your new connections.
4. _____ Complete a final report survey that will be provided to you from the Division of Agriculture.

Staffing Information

Name and Position of Primary Contact Person _____

E-Mail Address for Contact _____

Phone Number for Contact _____

Signatures (All are required)

We have reviewed this application and attest to the information provided. If selected, we agree to implement the program as outlined above and to implement the project in a manner consistent with the policies and procedures established by USDA. Please provide the contacts shown below or equivalent positions as determined by the agency.

Facility Food Service Director(signature) _____ Date _____

(Please print name & title) _____

Phone Number _____ Fax Number _____

E-Mail Address _____

Project Coordinator _____ Date _____

(For the above positions, agency may determine equivalent positions)



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Applications are required to be submitted by close of business (4:30 pm) August 5, 2016

Awards will be determined on or before August 19, 2016

Awards will be distributed the week of August 22-26, 2016

Final Reports due by November 15, 2016

Submit this application by e-mail to dnr.ag.grants@alaska.gov or fax to 907-745-7112.

For additional questions contact:

Johanna Herron • Phone: (907) 761-3870 • Johanna.Herron@alaska.gov

