


Funding Request for FY20: \$ _____	
	Family Investment Administration (FIA) Bureau of Special Grants 311 West Saratoga Street, Room 216 Baltimore, Maryland 21201 (410) 767-7261

**Mobile Point of Sale Equipment Program (MPOSEP)
Fiscal Year 2020 Grant Application**

DEADLINE: APPLICATION IS OPEN UNTIL ALL GRANT FUNDS HAVE BEEN EXHAUSTED

Instructions: Please carefully review the enclosed *Fiscal Year 2020 Mobile Point of Sale Equipment Program (MPOSEP) Grant Guidelines* before completing this application. **You must be a SNAP-authorized retailer and a dedicated Maryland Farmers Market vendor to be eligible for this grant.** Inability to adhere to the MPOSEP Grant Guidelines and submission of incomplete or inaccurate information will impact eligibility for future grant funding. **All funding requests must equal to or less than \$600.00.**

Section I - Vendor Information (please include as much contact information as possible)			
Legal Farmers Market or Vendor Name:			
Ownership Type:			
<input type="checkbox"/> Government Owned	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Nonprofit Organization	<input type="checkbox"/> Partnership
<input type="checkbox"/> Privately Owned Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other	
Tax ID (EIN) Number:			
SNAP Authorized	<input type="checkbox"/> YES	<input type="checkbox"/> * NO	Retailer:
FNS Number:			
Farmers Market Legal Name:			
Farmers Market Address:			
City:	State:	Zip Code:	County/Baltimore City:
Vendor Mailing Address:			c/o:
City:	State:	Zip Code:	County/Baltimore City:
Vendor Owner/ Primary Contact:	Direct Phone Number:	Email Address:	
Booth Operator:	Direct Phone Number:	Email Address:	
Farmers Market or Vendor Website (if applicable):			

* If you are not a SNAP-authorized vendor, visit <https://www.fns.usda.gov/snap/store-farmers-market-application> to apply.

Section II A – Vendor Only Application

<i>Farmers Market Participation - Please use additional pages if needed.</i>
How long has your booth(s) been operating at the Farmers Market(s)?
Please list the opening and closing dates for your Farmers Market(s) season:
What are your days of operation and service hours at this Farmers Market(s)?
Please provide a copy of your Farmers Market vendor agreement for participation in a market OR letter from the market manager submitted to DHS. Please also provide a copy of the authorization letter received from USDA FNS to be a SNAP-authorized retailer.
Vendor Category (choose one or more): <input type="checkbox"/> Farmer Vendor: sells food, plants, other agricultural products (some or all of which must be SNAP-approved) <input type="checkbox"/> Value Added Vendor: sells processed farm products such as canned food, baked goods, and/or pet treats (some or all of which must be SNAP-approved) <input type="checkbox"/> Prepared Food Vendor: sells ready-to-eat food, preferably with menu items that contain ingredients sourced from farmer members (some or all of which must be SNAP-approved) <input type="checkbox"/> Other: (Specify)
Please list the permits and/ or certifications for all vendor category products you sell at your booth. (Attach corresponding documentation) :
<i>SNAP Participation - Please use additional pages if needed.</i>
Please describe your outreach to the public; describe how you alert potential customers (especially SNAP recipients) in your area that your booth(s) exists?
Do you have visible signage which will inform customers that your booth accepts SNAP? Are your days and hours of operation included on this signage? Please describe:
What SNAP-approved products do you sell? Please visit: https://www.fns.usda.gov/snap/eligible-food-items or https://fns-prod.azureedge.net/sites/default/files/snap/Food-Determinations-Eligible-Foods.pdf to determine eligible items.

What record-keeping system or process will you use to track SNAP transactions? **Please describe:**

Please estimate the number of SNAP transactions you anticipate each month: _____

Section II B - Farmers Market Only Application

<i>Farmers Market Participation - Please use additional pages if needed.</i>
How long has your Farmers Market been in operation?
Please list the opening and closing dates for your Farmers Market(s) season: What are your days of operation and service hours?
Please provide a copy of the authorization letter received from USDA FNS to be a SNAP-authorized retailer.
<i>SNAP Participation - Please use additional pages if needed.</i>
Please describe your outreach to the public; describe how you alert potential customers (especially SNAP recipients) in your area that your Farmers Market exists?
Do you have visible signage which will inform customers that your Farmers Market accepts SNAP? Are your days and hours of operation included on this signage? Please describe:
What SNAP-approved products do you sell? Please visit: https://www.fns.usda.gov/snap/eligible-food-items or https://fns-prod.azureedge.net/sites/default/files/snap/Food-Determinations-Eligible-Foods.pdf to determine eligible items.
Please list the permits and/ or certifications for all SNAP-approved products you sell at your Market. (Attach corresponding documentation) :
What record-keeping system or process will you use to track SNAP transactions? Please describe:
Please estimate the number of SNAP transactions you anticipate each month: _____

Section III – mPOS Selection

Use the following table to list up to **THREE** (3) choices of service providers for your mPOS device, system, or Application (app). Please note the company you wish to purchase your mPOS equipment from and fill out the applicable cells. You **do not** need to list multiple device options per provider or multiple providers. Please use additional pages as needed (fees, equipment features). Provide a link for each of the listed devices. As noted in the FY20 Guidelines, grant awards must not exceed **\$600**.

Service Provider Choice #1: _____					
Model #:	Accepts SNAP:	Price:	Contract Term:	Transaction/Associated Fees	Equipment Features:
	<input type="checkbox"/> Y	\$			
	<input type="checkbox"/> Y	\$			
	<input type="checkbox"/> Y	\$			
Service Provider Choice #2: _____					
Model #:	Accepts SNAP:	Price:	Contract Term:	Transaction/Associated Fees	Equipment Features:
	<input type="checkbox"/> Y	\$			
	<input type="checkbox"/> Y	\$			
	<input type="checkbox"/> Y	\$			
Service Provider Choice #3: _____					
Model #:	Accepts SNAP:	Price:	Contract Term:	Transaction/Associated Fees	Equipment Features:
	<input type="checkbox"/> Y	\$			
	<input type="checkbox"/> Y	\$			
	<input type="checkbox"/> Y	\$			

Provide the contact information of the person responsible for maintaining data and submitting MPOSEP reports to DHS?

How will your mPOS device be secured against theft or misuse?

******* FY20 MPOSEP GRANT REQUEST: \$ _____**

Section IV - Check List and Verification of Accuracy

Before signing this Fiscal Year 2020 Mobile Point of Sale Equipment Program application, please read each line and attest that the following statements are accurate:

- I have reviewed the Mobile Point of Sale Equipment Program FY20 Guidelines prior to completing this application. I have understood and followed all instructions provided therein.
- I have listed my MPOSEP grant award request on page 1 and page 4 of this application as \$_____ and am aware that a grant above **\$600** will not be considered.
- I have included all permits and/ or certifications for vendor category and/ or SNAP-eligible products I sell at my booth/ Farmers Market.
- I have included the advertisements or web pages for the listed model numbers of mPOS equipment I intend to purchase with this MPOSEP grant.
- I have made copies of my MPOSEP application packet for my records.
- I understand that I may be asked to verify the information provided in this application..
- By accepting MPOSEP funding, I agree to submit an annual report, including all of the following: An Annual Activity Report (AAR) form with units of service provided; monthly receipt documentation logs or physical receipts reflecting SNAP-approved transactions; and proofs of purchase for the mPOS device or system/ app using MPOSEP funds. **I also understand that failure to submit this report, submitting illegible or inaccurate receipts disqualify me from future funding from DHS.**
- I will submit my application, by one of the following means: the postal service of my choice, email (preferred method) to BureauOf.SpecialGrants@maryland.gov or in person at the Department of Human Services. If sending by mail, my application must be addressed to:

Department of Human Services
Attn: Bureau of Special Grants
311 W. Saratoga Street, Room 216
Baltimore, Maryland 21201

Email submissions should be sent to: BureauOf.SpecialGrants@maryland.gov.

Section V - Provider Statement

I certify that the information provided above is accurate and correct. I understand that failure to provide an accurate representation of my business and/or the requested supplemental documentation may result in significant penalties, up to and including removal of my organization from consideration for MPOSEP funding.

Name of Owner/ Program Director

Date

For DHS Use Only

Date Stamp:

FIA/BSG Reviewer:

Date: _____