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| **Name of Grant Program:** MA Farming Reinforces Education and Student Health (MA FRESH) | **Fund Code:** 0710 |

**This document is for planning purposes only.**

**Please submit all responses directly in GEM$**

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| SECTION I: REQUIRED PROGRAM DETAILS |

REMINDER: Eligible MA FRESH applicants include licensed early education programs and Sponsoring Organizations of Family Day Care providers that provide meals through CACFP that serve students 0 month – 5 years, and schools or school districts that offer meals through NSLP that serve students anywhere between Pre-Kindergarten and 12th grade. Applicants that have received MA FRESH or MA FRESH CORP grant funding in the past are eligible to apply.

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| 1. **This application seeks funding for a/n (select one):**
 |
| 1. New K-12 Farm to School Initiative
2. New Farm to Early Education Initiative
3. Expanding K-12 Farm to School Initiative
4. Expanding Farm to Early Education Initiative
 |
| 1. **This application is on behalf of a (select one):**
 |
| 1. Individual School
2. Individual Early Education Program
3. Two or More Schools in a District or Network
4. Two or More Early Education Programs in a Network
5. An Entire School District
6. An Entire Early Education Network
 |
| **3. Select the primary focus(es) of your project proposal (select all that apply):** |
| 1. Building a new school garden for students
2. Building a new indoor growing operation for students
3. Developing classroom curriculums or lesson plans that support farm to school/early education efforts
4. Providing field trip(s) to local farm/food producers for children
5. Expanding in-school programming to promote students' food literacy through gardening, cooking, taste tests and more
6. Expanding before/after school programming that supports students' food literacy and exposure to local foods for students and families
7. Offering professional development and training for educators to bring farm to school/early education activities or curriculum to children
8. Offering professional development and training for school nutrition professionals to integrate local, unprocessed or minimally processed ingredients into program meals
9. Other - please briefly describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **4. FY26 MA FRESH Program Contacts** |
|  | **Name (First, Last)** | **Title** | **Email** | **Phone Number** |
| **GEM$/Grant Fiscal Lead** |  |  |  |  |
| **Project Workplan Lead** |  |  |  |  |
| **Child Nutrition Program (NSLP or CACFP) Lead/Director** |  |  |  |  |
| Please note: in some cases, position responsibilities above may be filled by the same individual. In this case, duplicate contacts are permitted. |

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| SECTION II: PROGRAM COMMITMENTS |

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| The MA FRESH grant is administered through the DESE Office for Food and Nutrition Programs. As a result, application submission should be developed in collaboration with and reviewed by your Child Nutrition Program Food Service Director/CACFP Program Operator. The Child Nutrition Program Food Service Director/CACFP Program Operator, in conjunction with the applicant submission team, must agree to the following: |
| * **We agree to implement the project as outlined above and to implement the project in a manner consistent with the policies and procedures established by DESE and outlined in the RFP.**
* **We attest that the School District/Sponsoring Organization is in good standing with Child Nutrition Program requirements.**
* **We agree to participate in any DESE sponsored evaluations, reporting requirements, and to provide the information requested by the specified deadlines.**
 |
| I have read and understand the program commitments outlined above for the FY26 MA FRESH Competitive Grant. |
| 1. Yes
2. No
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| **SECTION III: REQUIRED GRANT QUESTIONS** |
| **Child Nutrition Programs** |
| This information should be completed or verified by your school nutrition director or CACFP operator. Please note: the Massachusetts Department of Elementary and Secondary Education's Office for Food and Nutrition Programs (DESE FNP) will review the following data from the school/site's October 2024 application and claim: site address, enrollment, and percent of students eligible for free and reduced priced meals. This data will be used to determine a point value associated with the percentage of free and reduced priced meals served at program sites. |
| **5. School District or CACFP Sponsor Agreement Number:** |  |
| **6. Which of the following best describes your proposed project (select one):** |
| 1. **Project activities for this grant will impact one or more individual schools or early education programs, but not an entire school district/early education network.**
 |
| * 1. **Site-Based Child Nutrition Program Information**

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| **School/Program Site Name** | **School/Program Site Address** | **CNP Site Number** | **Meals offered on site (select all that apply):*** **Breakfast**
* **Lunch**
* **Snack**
* **Supper**
* **Summer Meals**
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| 1. **Project activities for this grant will impact an entire school district or an entire early education program network.**
 |
| **b.  Sponsor-Based Child Nutrition Program Information**

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| **District/Program Name** | **District/Headquarter Address** | **Total Number of Schools/Sites in the District/Program** | **Meals offered on site (select all that apply):*** **Breakfast**
* **Lunch**
* **Snack**
* **Supper**
* **Summer Meals**
 |
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| **7. Has the applicant been awarded an MA FRESH or MA FRESH CORP Award in FY24 or FY25?** |
| 1. Yes
2. No
 |
| **8. Please indicate if your program conducted any of the following activities during School Year 2024-2025 (select all that apply):** |
| 1. Served fruits or vegetables grown in Massachusetts as part of a reimbursable meal.
2. Served poultry, pork, beef or seafood raised in Massachusetts as part of a reimbursable meal.
3. Hosted a taste test spotlighting a local food during a meal service.
4. Participated in Massachusetts Farm to School's [Harvest of the Month Program](https://www.massfarmtoschool.org/get-involved/harvest-of-the-month)
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| **Project Summary** |
| **9. Project Title:** |  |
| **10. Please provide a 2-4 sentence summary of your proposed project. *Please note: should this proposal be awarded, DESE will use this description publicly*. (1000 characters)** |
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| **11. Introduce your project. If you are expanding upon a current farm to school project or program, please describe how this proposal introduces new activities. *Strong project descriptions will integrate educational activities with the exposure of children to local food served as part of a Child Nutrition Program.* (2000 characters)** |
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| **Project Workplan** |
| **12. Identify three goals you have for your MA FRESH project as well as the anticipated project activities, associated impacts, timeline and responsible party for each goal. *Strong project workplans will share at least two proposed activities per goal.***  |

***Example***

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| **Goal #1: *Increase student exposure to and acceptance of local fruits and vegetables by 50 percent.*** |
| **Activities** | **Target Audience (select one)** | **Indicator (Select One)** | **Target (Quantitative)** | **Anticipated Start – Month, 2025 (Select One)** | **Anticipated Completion – Month, 2026 (Select One)** | **Individual (s) Responsible for Activity Completion** |
| ***Host one Harvest of the Month cafeteria taste test at 4 Elementary Schools per month for four months.*** | ***Students*** | ***Number Impacted*** | ***4,000*** | ***October 2025*** | ***June 2026*** | ***Sam Cooke, Manager, Food Service Department*** |
|  |  |  |  |  |  |  |
| **Goal #1: (800 characters)** |
| **Activities (400 characters)**  | **Target Audience (select one)*** Students
* Educators
* School Nutrition Professionals
* Families
* Parents
* Farmers/Producers
 | **Indicator (Select One)*** Number Attended
* Number Impacted
* Number Created
* Number of Hours
* Lbs of Local Food
* Dollar Value
* Number of Servings
 | **Target (Quantitative)** | **Anticipated Start – Month, 2025 (Select One)*** September
* October
* November
* December
 | **Anticipated Completion – Month, 2026 (Select One)*** January
* February
* March
* April
* May
* June
 | **Individual (s) Responsible for Activity Completion** |
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| **Goal #2: (800 characters)** |
| **Activities (400 characters)** | **Target Audience (select one)*** Students
* Educators
* School Nutrition Professionals
* Families
* Parents
* Farmers/Producers
 | **Indicator (Select One)*** Number Attended
* Number Impacted
* Number Created
* Number of Hours
* Lbs of Local Food
* Dollar Value
* Number of Servings
 | **Target (Quantitative)** | **Anticipated Start – Month, 2025 (Select One)*** September
* October
* November
* December
 | **Anticipated Completion – Month, 2026 (Select One)*** January
* February
* March
* April
* May
* June
 | **Individual (s) Responsible for Activity Completion** |
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| **Goal #3: (800 characters)** |
| **Activities (400 characters)** | **Target Audience (select one)*** Students
* Educators
* School Nutrition Professionals
* Families
* Parents
* Farmers/Producers
 | **Indicator (Select One)*** Number Attended
* Number Impacted
* Number Created
* Number of Hours
* Lbs of Local Food
* Dollar Value
* Number of Servings
 | **Target (Quantitative)** | **Anticipated Start – Month, 2025 (Select One)*** September
* October
* November
* December
 | **Anticipated Completion – Month, 2026 (Select One)*** January
* February
* March
* April
* May
* June
 | **Individual (s) Responsible for Activity Completion** |
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| **Personnel** |
| **13. List the two main people that will complete project activities:** |

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| --- | --- | --- | --- |
| **Name (First, Last)** | **Title** | **Brief Job Description (400 characters):** | **Relevant experience (400 characters):** |
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| **Community Partner or Champion Letter of Support** |
| **14. Provide a letter of support from a partner organization or supporter outside of the direct individuals submitting the application. A letter of support may be provided by (but is not limited to): another department that will collaborate on project activities; a community partner; a local producer or food business; a parent volunteer; a legislator.****This letter of support should speak to:*** **the applicant's ability to successfully complete project activities proposed in the application**
* **the anticipated benefits of the project**
* **if applicable, the role of the letter's author in the proposed workplan**

**Letters of support should be no longer than 2 pages in length.****Only one letter of support is required - up to two letters of support will be considered for scoring. If an applicant has contracted community partner(s) outlined in the budget proposal, every contracted (i.e. paid) community partner must have a letter of support (if the number of contracted community partners exceeds two, please follow-up via email to Grant Contact****Maggie Nowak****to provide any additional letters of support required).** |
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| **Project Support Network** |
| **15. Does your project have community partners that will participate in project activities? *There may be duplication in the community partners that have provided a letter of support above and the community partners listed below.*****Community partners listed below should play an identified role in project activities but may or may not be contracted (i.e. paid).** **Select one of the following:** |
| 1. We will be working with one or more community partners.
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| **Community Partner Name** | **Contact Person** | **Contact Person’s Title** | **How will the community partner support project activities? (400 characters)** | **What experience does the community partner bring that will help accomplish project goals? (400 characters)** |
|  |  |  |  |  |

 |
| 1. We will not be working with community partners.
 |
| **15b. If your project does not involve community partners, please describe how internal staff will leverage their capacity and expertise to accomplish proposed project goals. *Example: In our project workplan, we will be building a school garden. Our custodian is a part-time landscaper and will be completing our garden build.* (500 characters)** |
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| **Budget Narrative Table** |
| **16. Explain how the costs outlined in the budget provided in GEM$ relate to the completion of the project activities described in the workplan. Note: Activities should be directly referred to by goal number(s) and activity number(s).** |

***Example***

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Item** | **Cost** | **Which workplan activity(s) does this cost support? (400 characters)** | **Brief Explanation (400 characters)** |
| ***Taste Test Materials*** | ***$300*** | ***Goal 1; Activity 1*** | ***Paper products and stickers will to used to conduct taste tests.*** |

**Budget Narrative Table**

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Item** | **Cost** | **Which workplan activity(s) does this cost support? (400 characters)** | **Brief Explanation (400 characters)** |
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| **GEM$ Budget Instructions** |
| **Please complete a budget on the separate GEM$ budget pages. The budget must be a minimum of $3,000, may not exceed $30,000 and should be inclusive of all funding requests for FY26 (through June 30, 2026).**  |
| **Allowable costs include professional salaries, contracted services, materials, supplies, equipment, indirect costs and other expenses needed to accomplish the following activities *(please note: this list is not exhaustive)*:*** Building a new school garden for children
* Building a new indoor growing operation for children
* Developing classroom curriculums or lesson plans that support food literacy efforts
* Expanding in-school or child care programming to promote food literacy for children through gardening, cooking, taste tests and more
* Field trip(s) to local farm/food producers
* Expanding before/after school/child care programming that supports food literacy, and exposure to local foods for children and families
* Professional development and training for educators to bring food literacy activities or curriculum to their classrooms
* Professional development and training for school nutrition professionals to integrate local, unprocessed or minimally processed ingredients into program meals

**Note: Narrative Description is required for every budget line item entry.****Funds cannot be used to purchase food served as part of a reimbursable meal in Child Nutrition Programs or sold as a competitive food and beverage or fundraiser. Grant awards may not be used to fund existing activities, projects or staff positions (including current Farm to School Coordinators). Funds can only be used to fund new staff time or salaries because of new or expanded initiatives.** |

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| **Object Code** | **Total** |
| **01NM – Professional Salaries (non-MTRS)** |  |
| **02 – Clerical Salaries** |  |
| **03 – Other Salaries** |  |
| **04 – Contracted Services** |  |
| **04MC – Contracted Services (major) –** *contract value over $25,000* |  |
| **05 – Supplies and Materials** |  |
| **06 – Other Expenses** |  |
| **07 – Equipment –** *cost per unit is over $5,000* |  |
| **08 – Indirect Costs** |  |