



FY 24 SERVICE PROVIDER APPLICATION VT Farm & Forest Viability Program

Name of organization:

Address:

Contact person for this application:

E-mail address & phone number:

Please enter the amount of your VHCB funding request:

Applicant organizational status (check one):

- 501(c)(3) nonprofit
- Vermont municipality
- State agency
- Public instrumentality of the State of Vermont
- Private business or individual (please specify type)
- Other (please specify)

REQUIRED ATTACHMENTS

See page 2 of RFA for instructions on required organizational documents. The online application form will prompt you to upload each of these individually. If you do not have one of the required documents, please attach an explanation of what process or system your organization uses.

- 501c3 documentation and organizational bylaws
- Cost Allocation Plan
- Organizational procurement policy
- Certificate of insurance
- Certificate of worker's compensation
- Audited financial statements or external third party review of financials

NARRATIVE QUESTIONS

Organizational Questions:

1. Please provide a brief description of your organization, and your experience providing business assistance to working lands businesses.
2. Provide a brief summary of the services you plan to provide under this funding request.
3. Will you use employees, private contractors, or other individuals to deliver the services? Briefly describe, or attach, the qualifications of the primary personnel (business planners, lead coordinators, etc.)
4. Will this project prioritize Black, Indigenous, and people of color (BIPOC) for enrollment, or focus on diversity, equity and inclusion efforts and addressing systemic racism in the working lands sector? If you are a white-led organization, please share any work your team is doing around cultural competence, diversity, equity, and inclusion, and addressing system racism.
5. Will this project address natural resource management, environmental stewardship, or climate change mitigation/adaptation? How is planning related to these issues incorporated into your business coaching, and what are your organization's goals and priorities around these issues? Are there additional resources you need in order to be able to incorporate more of this type of planning into your work with clients?
6. Please add any additional, relevant information about your organization, your mission, anticipated changes to the organization, including staffing, that may impact services provided with funding from the Vermont Farm & Forest Viability Program, etc.

Project Questions:

1. Describe the proposed services, including number of clients and anticipated deliverables/outcomes.
2. Please describe any programmatic changes since your last application – in areas such as the delivery of services, recruitment and enrollment of farms, other types of businesses you have or are interested in providing services to, program coordination, communication with VHCB, collaborations with other providers and other organizations, etc.
3. Describe any specific business type (i.e., dairy, vegetable, organic, conventional, food processing, forestry, forest products, etc.) and/or geographic location of clients that you will target for Viability services. Also describe how you will recruit clients for the Program.
4. Provide a budget narrative for the proposed services, including details on who will deliver the services and what percent of their position is focused on delivering Viability programming. Please briefly describe what is included and how the calculation is made for each budget category, including "other."

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BUDGET – SOURCES & USES

Please show budgeted amounts for Viability Program services you plan to offer. List any additional non-VHCB sources of matching funds that directly expand your ability to deliver Viability services. **Matching funds are NOT required, nor will we require reporting on any funds used to match VHCB contracts unless discussed and agreed upon specifically in your contract.** However, we would like to understand the full scope of funding that you anticipate using to implement this project at your organization.

VHCB funding request	\$
Match source, if applicable:	\$
Match source, if applicable:	\$
Total	\$

USES

	VHCB	OTHER	TOTAL
Employee costs	\$	\$	\$
Contractual costs	\$	\$	\$
Materials	\$	\$	\$
Travel Expenses	\$	\$	\$
Overhead	\$		\$
Other expenses	\$	\$	\$
TOTAL	\$	\$	\$

1. OVERHEAD % _____

If you are not attaching an organizational Cost Allocation Plan, please provide a basis for how overhead is determined, if requesting funds for this purpose from VHCB. We will need to see documentation for how the overhead is calculated for this program, ideally a Cost Allocation Plan. If you have previous contracts with VHCB and have not changed your overhead rates, you do not need to submit this information every year. If you have updated your rates, please provide the documentation as requested. We require the overhead determination to meet best accounting practices and will need to approve these calculations before we allow the organization to request funding for overhead expenses.

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BUDGET – BREAKDOWN BY ACTIVITY

Please estimate the costs per client, **for VHCB FUNDS ONLY**. This should include all costs – overhead, staff time, TA/consultant costs, travel, etc.

	Number of clients	Average cost per client, if applicable	Total
YEAR ONE CLIENTS			
Full Business Plans	#	\$	\$
Full Transfer Plan	#	\$	\$
Cash-flow/Enterprise Analysis/Short-term in depth services	#	\$	\$
Total Year One	#		\$
YEAR TWO CLIENTS			
Year 2 Services	#	\$	\$
OTHER			
	#	\$	\$
TOTAL REQUEST TO VHCB	#	\$	\$