COVID-19 Emergency farmer relief

Completing this template does not guarantee receipt of funds. It is to **quantify** the needs of the local farmers to gauge the level of funding needed and to **determine where the funding will be most impactful**. The goal is to support local farmers by purchasing the supply of food produced until the demand resumes and/or by facilitating food distribution. The goal is to minimize the need to import food.

Funding will depend on the availability and release of funds.

# amount of funds requested

Eligible organization applicants: non-profits, commodity groups, agricultural associations with 501 (c) (3) status can apply for a maximum $10,000 in emergency relief.

Individual farming operations can apply for a maximum of $2,000 in emergency relief

Amount of funds requested: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# expected period of time to expend the emergency funding

*The emergency funding should be expended in six months or less and by September 30, 2020.*

**Start Date**: Start Date **Anticipated End Date**: End Date

# applicant and project summary

Include a very brief summary (one sentence, if possible) that is suitable for dissemination to the public that provides a description of how the funds will be used. Include how the use of funds will decrease food imported into the state now and/or in the future or how it will remedy and/ or improve conditions resulting from COVID-19.

The name of the applicant organization or farm or individual

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Address / phone number / email address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief summary of how the funds will be used to decrease food imported into the state now and/or in the future:

# Purpose

## Provide the Specific Issue, Problem or Need that will be resolved

*Important to explain clearly the issue, problem or need that the emergency funding will address.*

## Project Beneficiaries

***Name the organization, entity, individuals that will benefit from this funding. Will help determine where the funding will be most impactful.***

**Beneficiaries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Estimate the number of project beneficiaries**: Enter the Number of Beneficiaries

**Does this project directly benefit Hawaii farmers? Yes**  **No**

# Expected Measurable Outcomes

You must provide at least one outcome – how will the funds be used to continue providing food to the Hawaii consumers or purchase inventory from farmers or support the purchase of agricultural products impacted by the COVID-19 emergency measures.

For example:

Purchase 1000 CSA boxes/bags for distribution of local food at neighborhood location.

$1000 for 3 months of fuel for vehicle for door-to-door delivery of local produce to self-quarantined individuals/families.

# Budget Narrative

All expenses described in this Budget Narrative must be associated with expenses resulting from conditions created/resulting from COVID-19.

|  |  |
| --- | --- |
| **Budget Summary** | |
| **Reason for Expense** | **Funds Requested** |
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|  |  |
| **TOTAL** |  |
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**IF FUNDING IS RECEIVED, I AGREE THAT THE FOLLOWING REPORT MUST BE SUBMITTED BEFORE SEPTEMBER 30, 2020.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## report

Were the measurable outcomes met, nearly met or not met? Explain

Receipts for expenses attached. Describe expense. Attach additional pages as necessary.

**Questions? Submit questions and template to** [**nicole.y.pfeffer@hawaii.gov**](mailto:nicole.y.pfeffer@hawaii.gov)

**By NOON, Friday, March 27, 2020**