**LOCAL FOOD PROJECTS**

**2022-2023**

Return by email to FoodSecurity.Nrbhss@ssss.gouv.qc.ca

*Projects may be submitted at any time during the year.
It will take approximately three to four weeks to process an application.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Organization** |  | **Resource Person (Name & Job Title)** |  |
| **Address** |  |
|  |
|  |
| **Telephone** |  | **Email** |  |
| **Project Title** |  |
|  |

**PART 1 – OBJECTIVES & ACTIVITIES**

**1. Overall goals – what does your project aim for?**

 Improve knowledge and skills to grow, harvest, preserve, choose and prepare food

[ ]  Support people to have a better access to quality & nutritious food

[ ]  Contribute to a stronger local food system

Other goals: (e.g. break isolation, raise awareness about…, etc.)

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**2. Provide a short summary of your project. How would you explain your project to a friend or others in your community?**

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**3. Describe how you will reach out to other groups to invite them to participate in your activity.**

*(Examples of ther groups: Elders or Youth)*

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**4. Fill out this table to provide more details to give a better idea of the plans (Changes to plans may occur through the year and that is not an issue).**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity**(e.g. cooking activities for Youth) | **Objective**(e.g. improve cooking skills & nutrition knowledge) | **Who will organize this activity?** | **Target group**(e.g. Elders, Youth, everybody) | **Frequency**(e.g. every week, twice a month) | **Average number of participants****expected** | **Location** | **Is it the first time you are organizing this activity?** (Yes, No) |
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**5. Expenses (what you are applying for?)**

*Fill out the following table with the types of expenses that apply to your project. Provide a short description for each expense (e.g., details on how the total cost for food was, list of specific equipment or material needed, number of people needed to hire, their position and status (full-time, part-time, one-time special guest, etc.).*

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| --- | --- | --- |
| **Type of expenses** | **Short description/details** | **Total amount you are applying for ($)** |
| Store-bought food |  |  |
| Country food |  |  |
| Cooking equipment, material and/or packaging |  |  |
| Gardening equipment & materials |  |  |
| Human resources |  |  |
| Other: |  |  |
| Total Amount Requested |  |

**6. Make a list of other organizations you will partner with and briefly describe their contribution.**

|  |  |
| --- | --- |
| **Partner organization** | **Contribution** |
| E.g. SchoolE.g. CLSC/Nursing Station | E.g. will provide a kitchen spaceE.g. social workers will refer some clients to participate in our activity & wellness worker will help organize activity |
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**7. Other funding sources**

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| --- | --- | --- | --- |
| **Funding source** | **Amount requested** | **Amount confirmed, to date** | **Amount received, to date** |
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|  |  |  |  |

Do you plan on fundraising?

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

**8. Donations (e.g. food, in-kind contribution)**

|  |  |  |
| --- | --- | --- |
| **Name** | **Description** | **Estimated Value ($)** |
|  |  |  |
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**PART 2 – SIGNATURES AND AUTHORIZATION**

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|  |  |  |  |
| Municipal resolution | [ ]  Yes | [ ]  No [ ]  [ ] Not Applicable |  |
|  |  |  |  |
| Applicant’s signature |  | Date |  |
|  |  |  |
| Supervisor’s name |  | Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| My supervisor approved this project:  | [ ]  Yes [ ]  No |  |