

# Withdrawal/Redaction Sheet

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                  | DATE       | RESTRICTION |
|--------------------------|------------------------------------------------|------------|-------------|
| 001. form                | re: Application for Funding [partial] (1 page) | 08/22/1996 | b(6)        |
| 002. form                | re: Application for Funding [partial] (1 page) | 08/23/1996 | b(6)        |
| 003. form                | re: Application for Funding [partial] (1 page) | 08/22/1996 | b(6)        |
| 004. form                | re: Application for Funding [partial] (1 page) | 08/22/1996 | b(6)        |
| 005. form                | re: Application for Funding [partial] (1 page) | 08/22/1996 | b(6)        |
| 006. form                | re: Application for Funding [partial] (1 page) | 08/22/1996 | b(6)        |
| 007. form                | re: Application for Funding [partial] (1 page) | 08/22/1996 | b(6)        |
| 008. form                | re: Application for Funding [partial] (1 page) | 08/21/1996 | b(6)        |
| 009. form                | re: Application for Funding [partial] (1 page) | 08/21/1996 | b(6)        |
| 010. form                | re: Application for Funding [partial] (1 page) | 08/22/1996 | b(6)        |
| 011. form                | re: Application for Funding [partial] (1 page) | 08/22/1996 | b(6)        |
| 012. form                | re: Application for Funding [partial] (1 page) | 08/20/1996 | b(6)        |
| 013. form                | re: Application for Funding [partial] (1 page) | 08/22/1996 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
AmeriCorps  
General Files  
OA/Box Number: 24232

### FOLDER TITLE:

Food Security Act [3]

2013-0661-F

rc3112

### RESTRICTION CODES

#### Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

#### Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

# FOIA MARKER

**This is not a textual record. This is used as an  
administrative marker by the William J. Clinton  
Presidential Library Staff.**

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**Collection/Record Group:** Clinton Presidential Records  
**Subgroup/Office of Origin:** Americorps  
**Series/Staff Member:** General Files  
**Subseries:**

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**OA/ID Number:** 24232  
**FolderID:**

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**Folder Title:**  
Food Security Act [3]

|               |             |                 |               |                  |
|---------------|-------------|-----------------|---------------|------------------|
| <b>Stack:</b> | <b>Row:</b> | <b>Section:</b> | <b>Shelf:</b> | <b>Position:</b> |
| <b>S</b>      | <b>66</b>   | <b>1</b>        | <b>2</b>      | <b>3</b>         |

## DE LA GARZA FOOD SECURITY GRANT APPLICATION WORKSHEET FOR SPECIFYING PROJECT ACCOMPLISHMENTS

**Accomplishment #** (At least one, but no more than five, should be included in each grant proposal--- a different worksheet should be used for each accomplishment) \_\_\_\_\_

**Accomplishment Summary** (one sentence summary of the accomplishment planned)

---



---

**1) Process Goal** (process is defined as the method/tool used to increase community food security)

- A. Quantity measure (a number) \_\_\_\_\_
  - B. Quantity unit of measure (what the previous amount measured) \_\_\_\_\_
  - C. Description of quantity measured (what the previous measures refer to) \_\_\_\_\_
  - D. Quality measure (a number) \_\_\_\_\_
  - E. Quality unit of measure (usually percentage) \_\_\_\_\_
  - F. Description of quantity measured (what the previous numbers refer to) \_\_\_\_\_
- 

**2) End Product Goal** (end product is defined as the concrete way in which more citizens are provided with a secure source of food)

- A. Quantity measure (a number) \_\_\_\_\_
  - B. Quantity unit of measure (what the previous amount measured) \_\_\_\_\_
  - C. Description of quantity measured (what the previous measures refer to --- should almost always refer to the number of people fed) \_\_\_\_\_
  - D. Quality measure (a number) \_\_\_\_\_
  - E. Quality unit of measure (usually percentage) \_\_\_\_\_
  - F. Description of quantity measured (what the previous numbers refer to) \_\_\_\_\_
- 

### 3. Cost Effectiveness

- A. Approximate amount of money from the grant used to carry out this accomplishment (If there is only one accomplishment proposed in the grant, this number should be the total cost of the grant) \_\_\_\_\_
- B. Cost per person served (calculate this by dividing the number in "3A" by the number in "2A") \_\_\_\_\_



## DE LA GARZA FOOD SECURITY GRANT APPLICATION WORKSHEET FOR SPECIFYING PROJECT ACCOMPLISHMENTS

**Accomplishment #** (At least one, but no more than five, should be included in each grant proposal--- a different worksheet should be used for each accomplishment) 1

**Accomplishment Summary** (one sentence summary of the accomplishment planned)

To create community gardens to feed hungry local residents.

**1) Process Goal** (process is defined as the method/tool used to increase community food security)

- A. Quantity measure (a number) 5
- B. Quantity unit of measure (what the previous amount measured) acres
- C. Description of quantity measured (what the previous measures refer to) of community gardens
- D. Quality measure (a number) 85
- E. Quality unit of measure (usually percentage) %
- F. Description of quantity measured (what the previous numbers refer to) of the acreage actively producing food that is regularly distributed to hungry community residents

**2) End Product Goal** (end product is defined as the concrete way in which more citizens are provided with a secure source of food)

- A. Quantity measure (a number) 50
- B. Quantity unit of measure (what the previous amount measured) people
- C. Description of quantity measured (what the previous measures refer to --- should almost always refer to the number of people fed) who are hungry are fed by the garden
- D. Quality measure (a number) 90
- E. Quality unit of measure (usually percentage) %
- F. Description of quantity measured (what the previous numbers refer to) of food recipients demonstrate increased adherence to USDA nutrition guidelines and/or reduced food bills

### 3. Cost Effectiveness

A. Approximate amount of money from the grant used to carry out this accomplishment (If there is only one accomplishment proposed in the grant, this number should be the total cost of the grant) \$20,000 (out of \$200,000 total grant request)

B. Cost per person served (calculate this by dividing the number in "3A" by the number in "2A") \$400/person



## DE LA GARZA FOOD SECURITY GRANT APPLICATION WORKSHEET FOR SPECIFYING PROJECT ACCOMPLISHMENTS

**Accomplishment #** (At least one, but no more than five, should be included in each grant proposal--- a different worksheet should be used for each accomplishment) 2

**Accomplishment Summary** (one sentence summary of the accomplishment planned)

To train unemployed neighborhood youth to create community-based agribusinesses  
that will feed community residents.

**1) Process Goal** (process is defined as the method/tool used to increase community food security)

A. Quantity measure (a number) 500

B. Quantity unit of measure (what the previous amount measured) young people

C. Description of quantity measured (what the previous measures refer to) trained to start bussines

D. Quality measure (a number) 25

E. Quality unit of measure (usually percentage) %

F. Description of quantity measured (what the previous numbers refer to) earn a living wage  
in agribusinesses

**2) End Product Goal** (end product is defined as the concrete way in which more citizens are provided with a secure source of food)

A. Quantity measure (a number) 5,000

B. Quantity unit of measure (what the previous amount measured) people

C. Description of quantity measured (what the previous measures refer to --- should almost always refer to the number of people fed) in the neighborhood purchase food regularly from  
the agribusinesses employing the young people

D. Quality measure (a number) 75

E. Quality unit of measure (usually percentage) %

F. Description of quantity measured (what the previous numbers refer to) of neighborhood residents  
who purchase the food demonstrate improved nutrition and/or reduced spending  
on food while maintaining high nutrition standards

**3. Cost Effectiveness**

A. Approximate amount of money from the grant used to carry out this accomplishment (If there is only one accomplishment proposed in the grant, this number should be the total cost of the grant) \$80,000 (out of \$200,000 total grant request)

B. Cost per person served (calculate this by dividing the number in "3A" by the number in "2A") \$16/person

## DE LA GARZA FOOD SECURITY GRANT APPLICATION WORKSHEET FOR SPECIFYING PROJECT ACCOMPLISHMENTS

**Accomplishment #** (At least one, but no more than five, should be included in each grant proposal--- a different worksheet should be used for each accomplishment) 3

**Accomplishment Summary** (one sentence summary of the accomplishment planned)  
AmeriCorps members are used to glean and recover excess food and distribute that food  
to local food banks and food pantries

**1) Process Goal** (process is defined as the method/tool used to increase community food security)

- A. Quantity measure (a number) 5
- B. Quantity unit of measure (what the previous amount measured) people
- C. Description of quantity measured (what the previous measures refer to) in AmeriCorps program
- D. Quality measure (a number) 125
- E. Quality unit of measure (usually percentage) people
- F. Description of quantity measured (what the previous numbers refer to) recruited as by the AmeriCorps members as non-compensated volunteers to aid the food rescue efforts

**2) End Product Goal** (end product is defined as the concrete way in which more citizens are provided with a secure source of food)

- A. Quantity measure (a number) 1,000
- B. Quantity unit of measure (what the previous amount measured) people
- C. Description of quantity measured (what the previous measures refer to --- should almost always refer to the number of people fed) fed with gleaned and recovered food
- D. Quality measure (a number) 75
- E. Quality unit of measure (usually percentage) %
- F. Description of quantity measured (what the previous numbers refer to) of people fed demonstrate improved nutrition and/or decreased spending on food while maintaining high nutrition

### 3. Cost Effectiveness

- A. Approximate amount of money from the grant used to carry out this accomplishment (If there is only one accomplishment proposed in the grant, this number should be the total cost of the grant) \$40,000 (out of \$200,000 total grant request)
- B. Cost per person served (calculate this by dividing the number in "3A" by the number in "2A") \$40/person



## DE LA GARZA FOOD SECURITY GRANT APPLICATION WORKSHEET FOR SPECIFYING PROJECT ACCOMPLISHMENTS

**Accomplishment #** (At least one, but no more than five, should be included in each grant proposal--- a different worksheet should be used for each accomplishment) 4

**Accomplishment Summary** (one sentence summary of the accomplishment planned)

Community residents are trained to leave public assistance and to start  
local farmer's markets

**1) Process Goal** (process is defined as the method/tool used to increase community food security)

- A. Quantity measure (a number) 50
- B. Quantity unit of measure (what the previous amount measured) residents
- C. Description of quantity measured (what the previous measures refer to) trained to start  
local farmer's markets
- D. Quality measure (a number) 25
- E. Quality unit of measure (usually percentage) %
- F. Description of quantity measured (what the previous numbers refer to) of whom leave public  
assistance by working for a farmer's market

**2) End Product Goal** (end product is defined as the concrete way in which more citizens are provided with a secure source of food)

- A. Quantity measure (a number) 10,000
- B. Quantity unit of measure (what the previous amount measured) people's markets
- C. Description of quantity measured (what the previous measures refer to --- should almost always refer to the number of people fed) use new farmer's markets
- D. Quality measure (a number) 90
- E. Quality unit of measure (usually percentage) %
- F. Description of quantity measured (what the previous numbers refer to) of people using new markets demonstrate improved nutrition and/or less  
spending on food

**3. Cost Effectiveness**

- A. Approximate amount of money from the grant used to carry out this accomplishment (If there is only one accomplishment proposed in the grant, this number should be the total cost of the grant) \$35,000 (out of \$200,000 total grant request)
- B. Cost per person served (calculate this by dividing the number in "3A" by the number in "2A") \$3.50/person



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**2) End Product Goal** (end product is defined as the concrete way in which more citizens are provided with a secure source of food)

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C. Description of quantity measured (what the previous measures refer to) in AmeriCorps program

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B. Quantity unit of measure (what the previous amount measured) people's markets

C. Description of quantity measured (what the previous measures refer to --- should almost always refer to the number of people fed) use new farmer's markets

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## FAX TRANSMITTAL SHEET

Office of Intergovernmental Affairs

14th and Independence Avenue, S.W.  
Room 219-A

Telephone Number (202) 720-6643  
Fax Number (202) 720-8819

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DATE: June 13, 1996

TO: Jole Burg

FAX NUMBER: 720-4614

FROM: Anson for Cheryl Bates Macias

NUMBER OF PAGES (INCLUDING COVER SHEET): 2

SUBJECT: FYI

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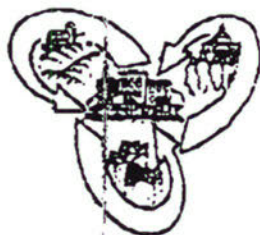
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If Recipient Is Not As Identified On Cover Sheet, Make No Further Disclosure And Telephone Transmitter For Instructions  
On Return Of Materials.





## The Community Food Security Coalition

May, 1996

Dear Colleague

The recently-passed 1996 Farm Bill includes funding for community food security, termed "Assistance For Community Food Projects". Funding is set at \$2.5 million per year through 2002, except for this year (FY 1996), where only \$1 million in funds are available. The proposal guidelines may be released by USDA as early as late May. The legislation and its report language provides overall guidance to USDA and to prospective applicants who may want to begin project planning sooner in anticipation of applying for FY96 grants. Since FY96 moneys must be obligated by October 1, we expect the proposal deadline to be short once USDA issues its Request for Proposal (RFP).

The legislative language is fairly concise yet its objectives are broadly worded and open to interpretation. The Community Food Security (CFS) Coalition has prepared this preliminary guidance to help potential applicants with the design, content and structure of potential proposals. Our intention is to encourage projects that are both consistent with the intent of the legislation and with Community Food Security (CFS) objectives as they have been broadly defined by CFS researchers and practitioners.

Groups that are considering such applications may wish to keep in touch with the CFS Coalition. This way, we can keep you informed about developments. We will also make sure that you receive the RFP as soon as it is available. We can inform you about other organizations in your area that are considering applications, as you may wish to link up with them. Our steering committee has agreed to provide technical assistance by telephone, mail or at meetings to the extent we are available.

We again thank all of you who provided support with our efforts to pass the legislation, and we look forward to many interesting projects to result from this program.

Andy Fisher  
Coordinator

**From:** Ron DeMunbrun  
**To:** jberg  
**Date:** 6/21/96 11:37am  
**Subject:** Assistance in Review of an RFP

Dr. Hefferan,

As you may recall, I meet with you a few months ago to discuss the summer of gleaning initiative with respect to Rutgers University and Washington State University. You were kind enough to allow Vera Smith to work with me on the drafting of agreements we have used for those two institutions.

My boss, Joel Berg, is now working with the Cage and FCS on an RFP for Community Food Projects. Martha Phipps of the Secretary's office would like one of your grants people to work with Joel on incorporating his concepts into the RFP. I believe she is contacting in your Undersecretary's office to pass on a request that someone in CSREES work with Joel.

We don't want to circumvent that process but, knowing that often times it takes awhile for things to filter down and because we need to get the RFP out as soon as possible, Joel asked if I would contact you and see if you could recommend someone to work with him. I don't know if Vera is the right person for an RFP but she certainly was a great help to me when we worked on the gleaning grants.

If Vera is the right person, would it be alright with you if Joel talked to her on Monday or if you have someone else you would prefer that we deal with could you send me that person's name and phone number?

Thank You

Ron De Munbrun



**From:** Joel Berg *JB*  
**To:** USDAHQ.GW.Colien Hefferan-internet  
**Date:** 7/18/96 11:04am  
**Subject:** Draft Community Food Security Delegations

At the request of Martha Phipps, I have revised a draft delegations of authority for the Community Food Security Act to reflect the Secretary's decision to delegate the program to CREES. ( I will also drop a paper copy by your office).

While both OBPA and OGC have seen various earlier versions of this delegation, they should review this revision. IN OGC, Ken Cohen and Bob Siegler are most familiar with the issue.

Please let me know if there is anything else I can do to assist your efforts.

**CC:** MPPHPPS,CMACIAS

## SECRETARY'S MEMORANDUM

### DELEGATION OF RESPONSIBILITY FOR THE PROGRAM FOR COMMUNITY FOOD SECURITY GRANT PROJECTS

#### PURPOSE

This memorandum establishes, within the United States Department of Agriculture, the Kiki de la Garza Program for Assistance for Community Food Security Projects.

#### 2 BACKGROUND

Section 401 of the Federal Agriculture Improvement and Reform Act of 1966, Pub. L. No. 104-127, added a new section 25 to the Food Stamp Act of 1977 to authorize the Secretary to provide assistance to eligible private non-profit entities to establish and carry out community food projects. It authorizes the Secretary to award grants totaling \$1.00 million in fiscal year 1996 and \$2.50 million in each of the subsequent fiscal years through fiscal year 2002 to assist eligible entities to implement community food projects. Section 25 also authorizes the provision of technical assistance regarding community food projects. Due to the objectives of the legislation,

#### 3 ACTIONS ORDERED

- a. The Administrator of CREES is delegated authority to implement and administer the Kiki de la Garza Program for Assistance for Community Food Security Projects. CREES is hereby delegated authority to manage the Department's Kiki de la Garza Program for Assistance for Community Food Security Projects. CREES is authorized to execute agreements on behalf of the department with other entities, including the award of Community Food Project grants, concerning the Department's Community Food Security Project.
- b. CREES is further authorized to develop and oversee implementation of detailed guidelines, procedures, regulations and rules for agencies to follow in providing technical assistance to Community Food Project grantees or potential grantees.



- c. To the extent authorized by law, other agencies of USDA shall provide technical and other assistance and information regarding meeting the needs of low-income people, increasing the self-reliance of communities in providing for their own food needs, and promoting comprehensive response to local food, farm, and nutrition issues.
- d. All other Under and Assistant Secretaries are directed to have their agencies cooperate with the program, to the extent provided by law, in carrying out these authorities.

SECRETARY OF AGRICULTURE

**From:** Joel Berg *JB*  
**To:** USDAHQ.GW.Colien Hefferan-internet  
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**Subject:** Draft Community Food Security Delegations

At the request of Martha Phipps, I have revised a draft delegations of authority for the Community Food Security Act to reflect the Secretary's decision to delegate the program to CREES. ( I will also drop a paper copy by your office).

While both OBPA and OGC have seen various earlier versions of this delegation, they should review this revision. IN OGC, Ken Cohen and Bob Siegler are most familiar with the issue.

Please let me know if there is anything else I can do to assist your efforts.

**CC:** MPPHPPS,CMACIAS

## SECRETARY'S MEMORANDUM

### DELEGATION OF RESPONSIBILITY FOR THE PROGRAM FOR COMMUNITY FOOD SECURITY GRANT PROJECTS

#### PURPOSE

This memorandum establishes, within the United States Department of Agriculture, the Kiki de la Garza Program for Assistance for Community Food Security Projects.

#### 2 BACKGROUND

Section 401 of the Federal Agriculture Improvement and Reform Act of 1966, Pub. L. No. 104-127, added a new section 25 to the Food Stamp Act of 1977 to authorize the Secretary to provide assistance to eligible private non-profit entities to establish and carry out community food projects. It authorizes the Secretary to award grants totaling \$1.00 million in fiscal year 1996 and \$2.50 million in each of the subsequent fiscal years through fiscal year 2002 to assist eligible entities to implement community food projects. Section 25 also authorizes the provision of technical assistance regarding community food projects. Due to the objectives of the legislation,

#### 3 ACTIONS ORDERED

- a. The Administrator of CREES is delegated authority to implement and administer the Kiki de la Garza Program for Assistance for Community Food Security Projects. CREES is hereby delegated authority to manage the Department's Kiki de la Garza Program for Assistance for Community Food Security Projects. CREES is authorized to execute agreements on behalf of the department with other entities, including the award of Community Food Project grants, concerning the Department's Community Food Security Project.
- b. CREES is further authorized to develop and oversee implementation of detailed guidelines, procedures, regulations and rules for agencies to follow in providing technical assistance to Community Food Project grantees or potential grantees.



- c. To the extent authorized by law, other agencies of USDA shall provide technical and other assistance and information regarding meeting the needs of low-income people, increasing the self-reliance of communities in providing for their own food needs, and promoting comprehensive response to local food, farm, and nutrition issues.
- d. All other Under and Assistant Secretaries are directed to have their agencies cooperate with the program, to the extent provided by law, in carrying out these authorities.

SECRETARY OF AGRICULTURE



**NOTE TO REVIEWERS**

**FROM:** Stephen B. Dewhurst  
Director

JUN 19 1996

**SUBJECT:** Delegation of Community Food Security and Recovery Program

I have cleared the attached document. Funding for this program can be provided from funds appropriated to carry out the Food Stamp Program and the release of funding for this purpose has been approved by OMB. There is a statement on the second page of the document to the effect that expanded staff may be necessary to support this effort. I would note that staff expansion at the Department level is a very sensitive subject at the moment, particularly if it involves the use of detailed personnel in subcabinet offices.

Attachment

cc: Martha Phipps

June 14, 1996

To: Ken Cohen, Dennis Kaplan  
From: Joel Berg JB  
Subject: Delegation of Community Food Security and Recovery Program

Martha Phipps and Charlie Rawls asked me to get this draft delegations of authority and policy statement cleared concurrently by both OGC and OPBA as soon as possible.

As you can see, it is very similar in structure to the AmeriCorps delegations.

Please call me at 202-720-5746 with any questions.



DRAFT

Secretary's Memorandum 1030 -  
Community Food Security and Recovery Program

1 PURPOSE

This memorandum establishes the USDA Community Food Security and Recovery Program and delegates the authority to manage the program for the Department to ~~the Secretary~~ (fill in title of whomever the Secretary appoints.) ✓

2 BACKGROUND

*authorized assistance for Projects.*  
The Federal Agriculture Improvement and Reform Act of 1996 (PL 104-127) created the Community Food Security Act which establishes authority for the Department to provide *may* assistance to eligible private non-profit entities to establish and carry out community food projects.

*1997 through 2002*  
The Act authorizes *19* the Department to award *for* grants totaling \$1.0 million in FY96 and \$2.5 million in each of the *subsequent two* fiscal years to implement community-based anti-hunger projects. Significant work will be required immediately in order to meet the Department's statutory ~~requirement to award the first year's grants before October 1.~~

3 POLICY

To ensure the greatest benefit to the public it is the responsibility of all USDA agencies to strive for the maximum allowable participation by USDA in community food projects by providing assistance, technical assistance, and sharing information with interested parties. In particular, an emphasis should be placed on integrating food recovery, gleaning efforts, and information activities with community food projects.

and 2  
It is my intention that grants under this act will not only be awarded in the manner prescribed by law, but will be also utilized to develop the broadest and most effective linkages possible with food recovery and gleaning, welfare reform, AmeriCorps, the Empowerment Zone and Enterprise Community initiative, micro enterprise, job training, and other vital nutrition and community development initiatives.

Furthermore, even though we clearly do not want to create a new government bureaucracy to promote food recovery, there is a need to provide expanded staff support to encourage and expand efforts nationally to glean and recover excess food and distribute that food to hungry Americans. I view this effort not as a large new government program, but a series of efforts to encourage, energize, and reward ongoing and new efforts of citizens, state and local governments, and non-profit organizations.

#### 4 DELEGATION

~~CHIEF~~ (fill in title of whomever the Secretary appoints) is hereby delegated the authority to manage the USDA Community Food Security and Recovery Program and coordinate the Department's community food projects and initiatives, including but not limited to food recovery and gleaning efforts, information and procedures. The Director is authorized to administer the community food program, including community food project grants and to execute on behalf of the Department agreements with grantees and other entities concerning the USDA Community Food Security and Recovery Program.

such as are appropriate  
~~CHIEF~~ is further authorized to develop and oversee implementation of detailed guidelines and procedures for agencies to follow in planning, operating, staffing, and funding the program.



*- Cooperative*

*Education* All relevant agencies -- but particularly the Food and Consumer Service, the Farm Service Agency, the Rural Business and Community Development Service, the Rural Housing and Community Development Service, the Cooperative Research and Extension Service, the Agricultural Marketing Service, and the Economic Research Service -- will have significant roles to play in this initiative. Agencies will be asked to provide a senior level official for a part-time implementation task force, a limited number of employees on full-time, one-year, non-reimbursable details, and minimal funding for the initiative. My intention is to find yet another way to reinvent government by transcending traditional agency turfs. *state* ✓

The State Directors of the Farm Service Agency and of Rural Development will be included in any formal review of applications and projects proposed from their states -- as well in eventual project implementation in their states.

*as*

## 5 EXPIRATION

This memorandum shall expire after two years.

---

DAN GLICKMAN  
Secretary



U.S. Department of Agriculture  
Office of the Executive Secretariat  
Official Clearance Sheet

(Control Number)

|                                                   | DRAFT                                                                                                                    | REWRITE | FINAL |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------|-------|
| AGENCY CCO:<br>(Signature)<br>(Date)              |                                                                                                                          |         |       |
| AGENCY HEAD:<br>(Signature)<br>(Title)<br>(Date)  |                                                                                                                          |         |       |
| OES:<br>(Signature)<br>(Title)<br>(Date)          |                                                                                                                          |         |       |
| OGC:<br>(Signature)<br>(Title)<br>(Date)          |                                                                                                                          |         |       |
| OBPA:<br>(Signature)<br>(Title)<br>(Date)         | <i>SB Dewhurst (note)</i><br>STEPHEN B. DEWHURST<br>Director, Office of Budget<br>and Program Analysis<br><i>6/17/96</i> |         |       |
| OCR:<br>(Signature)<br>(Title)<br>(Date)          |                                                                                                                          |         |       |
| SUB-CAB CCO:<br>(Signature)<br>(Date)             |                                                                                                                          |         |       |
| SUB-CAB:<br>(Signature)<br>(Title)<br>(Date)      |                                                                                                                          |         |       |
| ADDT'L CLEAR:<br>(Signature)<br>(Title)<br>(Date) | <i>Joel Berg</i><br>Joel Berg<br>Director of National Service<br><i>6/17/96</i>                                          |         |       |
| EXEC. ASST:                                       |                                                                                                                          |         |       |
| SEC/AUTOPEN:                                      |                                                                                                                          |         |       |

June 14, 1996

To: Ken Cohen, Dennis Kaplan  
From: Joel Berg JB  
Subject: Delegation of Community Food Security and Recovery Program

Martha Phipps and Charlie Rawls asked me to get this draft delegations of authority and policy statement cleared concurrently by both OGC and OPBA as soon as possible.

As you can see, it is very similar in structure to the AmeriCorps delegations.

Please call me at 202-720-5746 with any questions.



DRAFT

Secretary's Memorandum 1030 -  
Community Food Security and Recovery Program

1 PURPOSE

This memorandum establishes the USDA Community Food Security and Recover Program and delegates the authority to manage the program for the Department to \_\_\_\_\_ (fill in title of whomever the Secretary appoints.)

2 BACKGROUND

The Federal Agriculture Improvement and Reform Act of 1996 (PL 104-127) created the Community Food Security Act which establishes authority for the Department to provide assistance to eligible private non-profit entities to establish and carry out community food projects.

The Act authorizes the Department to award grants totaling \$1.0 million in FY96 and \$2.5 million in each of the subsequent ~~two~~ fiscal years to implement community-based anti-hunger projects. Significant work will be required immediately in order to meet the Department's statutory requirement to award the first year's grants before October 1. <sup>six</sup>

3 POLICY

To ensure the greatest benefit to the public it is the responsibility of all USDA agencies to strive for the maximum allowable participation by USDA in community food projects by providing assistance, technical assistance, and sharing information with interested parties. In particular, an emphasis should be placed on integrating food recovery, gleaning efforts, and information activities with community food projects.



It is my intention that grants under this act will not only be awarded in the manner prescribed by law, but will be also utilized to develop the broadest and most effective linkages possible with food recovery and gleaning, welfare reform, AmeriCorps, the Empowerment Zone and Enterprise Community initiative, micro enterprise, job training, and other vital nutrition and community development initiatives.

Furthermore, even though we clearly do not want to create a new government bureaucracy to promote food recovery, there is a need to provide expanded staff support to encourage and expand efforts nationally to glean and recover excess food and distribute that food to hungry Americans. I view this effort not as a large new government program, but a series of efforts to encourage, energize, and reward ongoing and new efforts of citizens, state and local governments, and non-profit organizations.

#### 4 DELEGATION

\_\_\_\_\_ (fill in title of whomever the Secretary appoints) is hereby delegated the authority to manage the USDA Community Food Security and Recovery Program and coordinate the Department's community food projects and initiatives, including but not limited to food recovery and gleaning efforts, information and procedures. The Director is authorized to administer the community food program, including community food project grants and to execute on behalf of the Department agreements with grantees and other entities concerning the USDA Community Food Security and Recovery Program.

\_\_\_\_\_ is further authorized to develop and oversee implementation of detailed guidelines and procedures for agencies to follow in planning, operating, staffing, and funding the program.

All relevant agencies --- but particularly the Food and Consumer Service, the Farm Service Agency, the Rural Business and Community Development Service, the Rural Housing and Community Development Service, the Cooperative Research and Extension Service, the Agricultural Marketing Service, and the Economic Research Service --- will have significant roles to play in this initiative. Agencies will be asked to provide a senior level official for a part-time implementation task force, a limited number of employees on full-time, one-year, non-reimbursable details, and minimal funding for the initiative. My intention is to find yet another way to reinvent government by transcending traditional agency turfs,

The State Directors of the Farm Service Agency and of Rural Development will be included in any formal review of applications and projects proposed from their states --- as well in eventual project implementation in their states.

## 5 EXPIRATION

This memorandum shall expire after two years.

---

DAN GLICKMAN  
Secretary

U.S. Department of Agriculture  
Office of the Executive Secretariat  
Official Clearance Sheet

(Control Number)

|                                                   | DRAFT                                                                                                                                       | REWRITE | FINAL |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------|-------|
| AGENCY CCO:<br>(Signature)<br>(Date)              |                                                                                                                                             |         |       |
| AGENCY HEAD:<br>(Signature)<br>(Title)<br>(Date)  |                                                                                                                                             |         |       |
| OES:<br>(Signature)<br>(Title)<br>(Date)          |                                                                                                                                             |         |       |
| OGC:<br>(Signature)<br>(Title)<br>(Date)          |                                                                                                                                             |         |       |
| OBPA:<br>(Signature)<br>(Title)<br>(Date)         |                                                                                                                                             |         |       |
| OCR:<br>(Signature)<br>(Title)<br>(Date)          |                                                                                                                                             |         |       |
| SUB-CAB CCO:<br>(Signature)<br>(Date)             |                                                                                                                                             |         |       |
| SUB-CAB:<br>(Signature)<br>(Title)<br>(Date)      |                                                                                                                                             |         |       |
| ADDT'L CLEAR:<br>(Signature)<br>(Title)<br>(Date) | <br>Joel Berg<br>Director of National Service<br>6/14/96 |         |       |
| EXEC. ASST:                                       |                                                                                                                                             |         |       |
| SEC/AUTOPEN:                                      |                                                                                                                                             |         |       |



# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                  | DATE       | RESTRICTION |
|--------------------------|------------------------------------------------|------------|-------------|
| 001. form                | re: Application for Funding [partial] (1 page) | 08/22/1996 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
AmeriCorps  
General Files  
OA/Box Number: 24232

### FOLDER TITLE:

Food Security Act [3]

2013-0661-F  
rc3112

### RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]  
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]  
P3 Release would violate a Federal statute [(a)(3) of the PRA]  
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]  
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]  
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]  
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]  
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]  
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]  
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]  
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]  
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]  
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

| FOR CSREES USE ONLY |               |
|---------------------|---------------|
| PROGRAM AREA CODE   | PROPOSAL CODE |

OMB Approved 0524-0022  
Expires 5/31/98

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                |  |                                                                                                                    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|--|
| 1. LEGAL NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE<br><br>Nuestras Raíces, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 3. NAME OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE<br>Daniel Ross                                                                                                                                                                                                                                             |  | 4. a. PHONE NUMBER (Include Area Code)<br>(413) 535-1789<br>b. FAX NUMBER<br>(413) 533-2661<br>c. INTERNET ADDRESS |  |
| 2. ADDRESS (Give complete mailing address and Zip Code-including County)<br><br>401 Main Street<br>Holyoke, MA 01040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 5. ADDRESS OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (If different from Item 2.)<br><br>96-04619                                                                                                                                                                                                             |  |                                                                                                                    |  |
| 6. TITLE OF PROPOSED PROJECT (80-character Maximum, including spaces)<br>Centro Agrícola<br>(Community Agricultural Center)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                |  |                                                                                                                    |  |
| 7. PROGRAM TO WHICH YOU ARE APPLYING (Refer to Federal Register Announcement where applicable)<br>COMMUNITY FOOD PROJECTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 8. PROGRAM AREA AND NUMBER (Refer to Federal Register Announcement where applicable)                                                                                                                                                                                                                           |  |                                                                                                                    |  |
| 9.<br>(b)(6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 10. CONGRESSIONAL DISTRICT NO.<br>1st Hampden                                                                                                                                                                                                                                                                  |  | 11. PERIOD OF PROPOSED PROJECT DATES<br>From: Sept. 1996 Through: Sept. 1997                                       |  |
| 12. DURATION REQUESTED<br>12 Months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 13. TYPE OF REQUEST (Check only one)<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement <input type="checkbox"/> Reapplication<br><input type="checkbox"/> Continuing Increment <input type="checkbox"/> PI Transfer (PRIOR USDA Award No. _____) |  | 14. FUNDS REQUESTED (From Form CSREES-66)<br>\$ 84,600                                                             |  |
| 15. PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR(S)<br><br>a. PI/PD #1 Name (First, Middle, Last) SS #* (Correspondent PI)<br>Daniel C. Ross (b)(6) [0001]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 16. a. PI/PD #1 PHONE NUMBER (Include Area Code)<br>(413) 535 - 1789<br>b. FAX NUMBER: (413) 533 - 2661<br>c. INTERNET ADDRESS:                                                                                                                                                                                |  |                                                                                                                    |  |
| b. PI/PD #2 Name (First, Middle, Last) SS #*<br>Francisco Ortiz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 17. PI/PD #1 BUSINESS ADDRESS (Include Department/Zip Code)<br>401 Main Street<br>Holyoke, MA 01040                                                                                                                                                                                                            |  |                                                                                                                    |  |
| c. PI/PD #3 Name (First, Middle, Last) SS #*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                |  |                                                                                                                    |  |
| *Submission of the Social Security Number is voluntary and will not affect the organization's eligibility for an award. However, it is an integral part of the CSREES information system and will assist in the processing of the proposal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                |  |                                                                                                                    |  |
| 18. TYPE OF PERFORMING ORGANIZATION<br>(Check one only)<br>01 <input type="checkbox"/> USDA/ARS Laboratory<br>02 <input type="checkbox"/> Other Federal Research Laboratory<br>03 <input type="checkbox"/> State Agricultural Experiment Station (SAES)<br>04 <input type="checkbox"/> Land-Grant University 1862<br>05 <input type="checkbox"/> Land-Grant University 1890 or Teaching University<br>06 <input type="checkbox"/> Private University or College<br>07 <input type="checkbox"/> Public University or College (Non Land-Grant)<br>08 <input type="checkbox"/> Private Profit-making<br>09 <input checked="" type="checkbox"/> Private Non-profit<br>10 <input type="checkbox"/> State or Local Government<br>11 <input type="checkbox"/> Voluntary School or College<br>12 <input type="checkbox"/> 1884 Institution<br>13 <input type="checkbox"/> Hispanic-serving Institution<br>14 <input type="checkbox"/> Other Specialty<br>15 <input type="checkbox"/> Individual |  | 19. WILL THE WORK IN THIS PROJECT INVOLVE RECOMBINANT DNA?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-662)                                                                                                                                           |  |                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 20. WILL THE WORK IN THIS PROJECT INVOLVE LIVING VERTEBRATE ANIMALS?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-662)                                                                                                                                 |  |                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 21. WILL THE WORK IN THIS PROJECT INVOLVE HUMAN SUBJECTS?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-662)                                                                                                                                            |  |                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 22. WILL THIS PROJECT BE SENT OR HAS IT BEEN SENT TO OTHER FUNDING AGENCIES, INCLUDING OTHER USDA AGENCIES?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, list Agency acronym(s) & program(s))                                                                               |  |                                                                                                                    |  |

By signing and submitting this document, the student is providing the required confirmation per steps in 7 QPS Page 2015, as required, regarding Behavioral and Suspension and Expulsion Waivers and 7 QPS Page 2016 regarding Latency. Submission of this individual form is not required. (Please read the Certifications and Instructions included in this title before signing this form.)

In addition, the applicant certifies that the information contained herein is true and complete to the best of his knowledge and conscience and to the best of his ability, and that he understands and agrees to comply with the terms and conditions of the Cooperative State Roster, Education, and Extension Service in effect at the time of the award.

SIGNATURE OF PRINCIPAL INVESTIGATOR(S) OR AGENT DIRECTOR(S) (AS PI's/AD's listed in block 15 must sign if they are to be included in covered document.)

DATE 8-22-94

SIGNATURE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE

**TITLE**

**MTI**

EXECUTIVE DIRECTOR

8-22-96



## PROJECT SUMMARY

Project Name: Centro Agrícola (Community Agricultural Center)  
Project Directors: Daniel Ross and Francisco Ortiz  
Project Organization: Nuestras Raíces, Inc.

Nuestras Raíces is a grassroots organization that promotes community development in Holyoke, Massachusetts through urban agriculture and community organizing. Nuestras Raíces draws its membership and leadership from the 70 families that participate in its network of community gardens. Nueva Esperanza, Inc., UMASS Extension and a Lower Pioneer Valley Educational Cooperative vocational school will collaborate.

The Centro Agrícola (Community Agricultural Center) project will construct a small two-story building with an attached greenhouse, to be located in an inner-city, primarily Puerto Rican, neighborhood of Holyoke. The Centro Agrícola will build awareness of food and farming issues in the low-income, urban population, and build self-reliance to actively address these issues.

The Centro Agrícola will accomplish the following goals:

- Develop low-income leadership to respond to food needs
- Unite urban and rural resources
- Provide indoor space for existing community education projects
- Provide opportunities for microenterprise
- Explore feasibility of niche marketing to Puerto Rican population
- Provide space for bilingual resource library for urban agriculture in Western Massachusetts

The Centro Agrícola will be a small (1800 sq.') two-story building with attached greenhouse, potting space, a meeting room, office space, a kitchen and a resource library. There will be a small plaza for retail sales and picnic tables.

Donations of funds, materials and labor have provided the match needed for this grant. Planned microenterprises and non-profit status will sustain the project.



# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                  | DATE       | RESTRICTION |
|--------------------------|------------------------------------------------|------------|-------------|
| 002. form                | re: Application for Funding [partial] (1 page) | 08/23/1996 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
AmeriCorps  
General Files  
OA/Box Number: 24232

### FOLDER TITLE:

Food Security Act [3]

2013-0661-F  
rc3112

### RESTRICTION CODES

#### Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]  
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]  
P3 Release would violate a Federal statute [(a)(3) of the PRA]  
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]  
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]  
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

#### Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]  
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]  
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]  
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

UNITED STATES DEPARTMENT OF AGRICULTURE  
COOPERATIVE STATE RESEARCH, EDUCATION, AND EXTENSION SERVICE

OMB Approved 0524-0022  
Expires 5/31/98

APPLICATION FOR FUNDING

FOR CSREES USE ONLY

AREA CODE

PROPOSAL CODE

NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE

Community Alliance with  
Family Farmers Foundation

3. NAME OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE

Judith Redmond

4. a. PHONE NUMBER (Include Area Code)

(916) 756 8518

b. FAX NUMBER

(916) 756 7857

c. INTERNET ADDRESS

caff@igc.apc.org

5. ADDRESS (Give complete mailing address and Zip Code including County)

P.O. Box 363 - Yolo County  
Davis, CA 95617

6. ADDRESS OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (If different from item 5.)

98-04626

7. TITLE OF PROPOSED PROJECT (80-character Maximum, including spaces)

Connecting Small Farmers with Low-income Communities of Color

8. PROGRAM TO WHICH YOU ARE APPLYING (Refer to Federal Register Announcement where applicable)  
COMMUNITY FOOD PROJECTS

9. PROGRAM AREA AND NUMBER (Refer to Federal Register Announcement where applicable)

10. IRS #

(b)(6)

11. CONGRESSIONAL DISTRICT NO.

THIRD

12. PERIOD OF PROPOSED PROJECT DATES

From: 10/1/96 Through: 9/28/98

13. DURATION REQUESTED

TWO YEARS

14. TYPE OF REQUEST (Check only one)

☒ New ☐ Renewal ☐ Supplement ☐ Resubmission  
☐ Continuing Increment ☐ Transfer (PRIOR USDA Award No. \_\_\_\_\_)

15. FUNDS REQUESTED (From Form CSREES-55)

\$4,000

16. PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S)

Judith Redmond/Jered Lawson

a. PUPD #1 Name (First, Middle, Last) SS #\* (Correspondent PI)

Judith Redmond, (b)(6)

b. PUPD #2 Name (First, Middle, Last) SS #\*

Jered Lawson, SS# (b)(6)

c. PUPD #3 Name (First, Middle, Last) SS #\*

17. a. PUPD #1 PHONE NUMBER (Include Area Code)

916-756-8518

b. FAX NUMBER: 916 756 7857

c. INTERNET ADDRESS: caff@igc.apc.org

18. PUPD #1 BUSINESS ADDRESS (Include Department/Zip Code)

CAFF Foundation  
PO Box 363  
Davis, CA 95617

\*Submission of the Social Security Number is voluntary and will not affect the organization's eligibility for an award. However, it is an integral part of the CSREES information system and will assist in the processing of the proposal.

19. TYPE OF PERFORMING ORGANIZATION (Check one only)

- ☐ 01 ☐ UNDAIRABLE Laboratory  
☐ 02 Other Federal Research Laboratory  
☐ 03 State Agricultural Experiment Station (SAES)  
☐ 04 Land-Grant University 1862  
☐ 05 ☐ Land-Grant University 1890 or Teaching University  
☐ 06 Private University or College  
☐ 07 Public University or College (Non Land-Grant)  
☐ 08 Private Profit-making  
☒ 09 Private Non-profit  
☐ 10 State or Local Government  
☐ 11 Voluntary National or College  
☐ 12 1864 Institution  
☐ 13 Other (Specify) \_\_\_\_\_  
☐ 14 Other (Specify) \_\_\_\_\_  
☐ 15 Other (Specify) \_\_\_\_\_

20. WILL THE WORK IN THIS PROJECT INVOLVE RECOMBINANT DNA?

☒ No ☐ Yes (If yes, complete Form CSREES-552)

21. WILL THE WORK IN THIS PROJECT INVOLVE LIVING VERTEBRATE ANIMALS?

☒ No ☐ Yes (If yes, complete Form CSREES-552)

22. WILL THE WORK IN THIS PROJECT INVOLVE HUMAN SUBJECTS?

☒ No ☐ Yes (If yes, complete Form CSREES-552)

23. WILL THIS PROJECT BE SENT OR HAS IT BEEN SENT TO OTHER FUNDING AGENCIES, INCLUDING OTHER USDA AGENCIES?

☐ No ☒ Yes (If yes, list Agency acronym(s) & program(s))

US EPA - EJP2  
UCSAREP  
Oxfam

24. SIGNATURE OF PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S) (All PUPD's listed in block 16 must sign if they are to be included in award documents.)

X Judith Redmond

X Jered Lawson

DATE 8-23-96

25. SIGNATURE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE

X Judith Redmond

TITLE Executive Director

DATE 8-23-96



### 3. Project Summary

#### Connecting Small Farmers with Low-Income Communities of Color:

#### Assessing and Developing Community Food Systems

submitted by

Community Alliance with Family Farmers Foundation's

CSA West Project

Project Director: Jered Lawson

Executive Director: Judith Redmond

Project Period

October 1, 1996 - September 28, 1998

This proposal seeks one-time only, two year funding support to assess, implement, and promote two Community Supported Agriculture (CSA) projects in order to institutionalize community food security in low income communities of color. This project is a collaboration between the Community Alliance with Family Farmers Foundation, the Rural Development Center and Casa de la Dignidad.

While small-scale farmers who are trying to farm sustainably are in need of marketing outlets, and rely upon community support to continue farming, residents of low-income communities of color need greater access to fresh, nutritious produce. Access problems include supermarket abandonment of inner cities, lack of quality of nearby food sources, inadequate transportation services, and lower-than-average vehicle ownership in areas under-served by food outlets with fresh produce<sup>1</sup>.

Through the development of two CSA projects in collaboration with local community-based organizations, small and medium-scale farmers will have a dependable cash flow and low-income communities of color will have access to fresh, high quality produce from farmers willing to address local needs.

The goals of this project are to:

- assess low-income communities of color and family farmers' interest in and ability to establish new, collaborative direct marketing efforts;
- develop two self-sustaining Community Supported Agriculture projects that serve low-income communities of color both as producers and consumers;
- promote the replication of these self-sustaining, entrepreneurial projects throughout California and the United States.

CAFF Foundation's CSA West project will implement this project. Founded in 1994, CSA West encourages direct marketing links between townspeople and local family farmers by developing and disseminating CSA resources, providing technical assistance, and promoting the CSA model.



# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                  | DATE       | RESTRICTION |
|--------------------------|------------------------------------------------|------------|-------------|
| 003. form                | re: Application for Funding [partial] (1 page) | 08/22/1996 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
AmeriCorps  
General Files  
OA/Box Number: 24232

### FOLDER TITLE:

Food Security Act [3]

2013-0661-F  
rc3112

### RESTRICTION CODES

#### Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]  
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]  
P3 Release would violate a Federal statute [(a)(3) of the PRA]  
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]  
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]  
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

#### Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]  
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]  
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]  
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]  
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]  
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]  
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]  
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

UNITED STATES DEPARTMENT OF AGRICULTURE  
COOPERATIVE STATE RESEARCH, EDUCATION, AND EXTENSION SERVICE

OMB Approved 0524-0022  
Expires 5/31/98

FOR CSREES USE ONLY

PROGRAM AREA CODE

PROPOSAL CODE

APPLICATION FOR FUNDING

|                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                |                                                                                      |                                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. LEGAL NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE<br><b>The Food Project, Inc.</b>                                                                                                                                                                                                                      |  | 2. NAME OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE<br><b>Patricia D. Gray</b>                                                                                 |                                                                                      | 4. a. PHONE NUMBER (Include Area Code)<br><b>617-259-8621</b><br>b. FAX NUMBER<br><b>617-259-9659</b><br>c. INTERNET ADDRESS<br><b>foodproj@aol.com</b> |  |
| 3. ADDRESS (Give complete mailing address and Zip Code including County)<br><b>P.O. Box 705 Middlesex<br/>Lincoln MA 01773 County</b>                                                                                                                                                                             |  | 5. ADDRESS OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (If different from item 2.)<br><b>P.O. Box 6193<br/>Lincoln MA 01773</b>                                |                                                                                      |                                                                                                                                                         |  |
| 6. TITLE OF PROPOSED PROJECT (80-character Maximum, including spaces)<br><b>Common Ground Initiative 96-04627</b>                                                                                                                                                                                                 |  |                                                                                                                                                                |                                                                                      |                                                                                                                                                         |  |
| 7. PROGRAM TO WHICH YOU ARE APPLYING (Refer to Federal Register Announcement where applicable)<br><b>COMMUNITY FOOD PROJECTS</b>                                                                                                                                                                                  |  |                                                                                                                                                                | 8. PROGRAM AREA AND NUMBER (Refer to Federal Register Announcement where applicable) |                                                                                                                                                         |  |
| 9. SRS NO.<br><b>(b)(6)</b>                                                                                                                                                                                                                                                                                       |  | 10. CONGRESSIONAL DISTRICT NO.<br><b>7</b>                                                                                                                     |                                                                                      | 11. PERIOD OF PROPOSED PROJECT DATES<br>From: <b>10/1/96</b> Through: <b>9/30/99</b>                                                                    |  |
| 12. DURATION REQUESTED<br><b>3 years</b>                                                                                                                                                                                                                                                                          |  | 14. FUNDS REQUESTED (From Form CSREES-55)<br><b>1512</b>                                                                                                       |                                                                                      |                                                                                                                                                         |  |
| 13. TYPE OF REQUEST (Check only one)<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement <input type="checkbox"/> Resubmission<br><input type="checkbox"/> Continuing Increment <input type="checkbox"/> PI Transfer (PRIOR USDA Award No. <b>1</b> ) |  |                                                                                                                                                                |                                                                                      |                                                                                                                                                         |  |
| 15. PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S)<br><b>Patricia D. Gray 00031</b>                                                                                                                                                                                                                                |  | 16. a. PUPD #1 PHONE NUMBER (Include Area Code)<br><b>(617) 259-1426</b><br>b. FAX NUMBER: <b>(617) 259-1426</b><br>c. INTERNET ADDRESS: <b>seyjay@aol.com</b> |                                                                                      |                                                                                                                                                         |  |
| a. PUPD #1 Name (First, Middle, Last) SS #*<br><b>Patricia D. Gray</b>                                                                                                                                                                                                                                            |  | <b>(b)(6)</b>                                                                                                                                                  |                                                                                      |                                                                                                                                                         |  |
| b. PUPD #2 Name (First, Middle, Last) SS #*<br><b>Gregory Dow Gale</b>                                                                                                                                                                                                                                            |  |                                                                                                                                                                |                                                                                      |                                                                                                                                                         |  |
| c. PUPD #3 Name (First, Middle, Last) SS #*                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                |                                                                                      |                                                                                                                                                         |  |

\*Submission of the Social Security Number is voluntary and will not affect the organization's eligibility for an award. However, it is an integral part of the CSREES information system and will assist in the processing of the proposal.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 18. TYPE OF PERFORMING ORGANIZATION (Check one only)<br>01 <input type="checkbox"/> USDA/ARS Laboratory<br>02 <input type="checkbox"/> Other Federal Research Laboratory<br>03 <input type="checkbox"/> State Agricultural Experiment Station (SAES)<br>04 <input type="checkbox"/> Land-Grant University 1862<br>05 <input type="checkbox"/> Land-Grant University 1990 or Teaching University<br>06 <input type="checkbox"/> Private University or College<br>07 <input type="checkbox"/> Public University or College (Non Land-Grant)<br>08 <input type="checkbox"/> Private Profit-making<br>09 <input type="checkbox"/> Private Non-profit<br>10 <input type="checkbox"/> State or Local Government<br>11 <input type="checkbox"/> Veterinary School or College<br>12 <input type="checkbox"/> 1994 Institution<br>13 <input type="checkbox"/> Hispanic-serving Institution<br>14 <input type="checkbox"/> Other (Specify)<br>15 <input type="checkbox"/> Individual |  | 19. WILL THE WORK IN THIS PROJECT INVOLVE RECOMBINANT DNA?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-662)                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 20. WILL THE WORK IN THIS PROJECT INVOLVE LIVING VERTEBRATE ANIMALS?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-662)                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 21. WILL THE WORK IN THIS PROJECT INVOLVE HUMAN SUBJECTS?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-662)                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 22. WILL THIS PROJECT BE SENT OR HAS IT BEEN SENT TO OTHER FUNDING AGENCIES, INCLUDING OTHER USDA AGENCIES?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list Agency acronym(s) & program(s)) |  |

By signing and submitting this proposal, the applicant is providing the required certifications set forth in 7 CFR Part 2017, as amended, regarding Subcontract and Assignment and Drug-Free Workplace and 7 CFR Part 2016 regarding Laboratory. Submission of the Individual forms is not required. (Please read the Certifications and instructions included in this kit before signing this form.)

In addition, the applicant certifies that the information contained herein is true and complete to the best of his knowledge and accepts as to any award, the obligation to comply with the terms and conditions of Cooperative State Research, Education, and Extension Service in effect at the time of the award.

|                                                                                                                                                                                                   |  |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|
| SIGNATURE OF PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S) (All PI's/PD's listed in block 15 must sign if they are to be included in award document.)<br><b>Patricia D. Gray Gregory Dow Gale</b> |  | DATE<br><b>8/22/96</b>      |
| SIGNATURE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (Same as item 3)<br><b>Patricia D. Gray</b>                                                                                                 |  | TITLE<br><b>Co-director</b> |
|                                                                                                                                                                                                   |  | DATE<br><b>8/22/96</b>      |



**THE COMMON GROUND INITIATIVE**  
**of**  
**The Food Project**

**Pat Gray & Greg Gale, Co-Directors**

The three year **Common Ground Initiative** will build on The Food Project's strengths. It is a nationally recognized youth program with sites in both a low income neighborhood and on farmland outside the city. It is experienced in farming and distribution, education, service, youth employment, and collaborations. Five years of hard work creating bridges between communities, credibility with educators, farmers, and officials will now assist us in this new phase.

Our vision (and the purpose of this three year \$140,100 grant request) is to fund the transition from a focused youth development program guided by sustainable practices on the land to a fully integrated youth-run food system involving new participants both inside and outside the city. The timing, both within The Food Project, and in the larger community, is right.

The success of our work is in its integration. By 1999 we will have evolved our fledgling youth-run farmers' market in a low income area into an innovative sustainable model incorporating neighbors, youth and local farms. In the process, we will have created two self-sustaining youth-run neighborhood farms.

These goals will result in new collaborations, 25% more jobs for teens, a 50% increase in fresh produce, more productive land in Roxbury and Lincoln, and will be a catalyst for discussions around food, land and the economy.

Presently our collaborators are: Dudley Street Neighborhood Initiative, Nuestra Comunidad, City Fresh Catering, Greenleaf Composting, Department of Food and Agriculture, E.P.A., ACE, and local farms.



# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                  | DATE       | RESTRICTION |
|--------------------------|------------------------------------------------|------------|-------------|
| 004. form                | re: Application for Funding [partial] (1 page) | 08/22/1996 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
AmeriCorps  
General Files  
OA/Box Number: 24232

### FOLDER TITLE:

Food Security Act [3]

2013-0661-F  
rc3112

### RESTRICTION CODES

#### Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

#### Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

UNITED STATES DEPARTMENT OF AGRICULTURE  
COOPERATIVE STATE RESEARCH, EDUCATION, AND EXTENSION SERVICE

OMB Approved 0524-0022  
Expires 5/31/98

APPLICATION FOR FUNDING

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| FOR CSREES USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |
| AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PROPOSAL CODE |
| 1. NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE<br><b>The Community Kitchen of Monroe County, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |
| 2. NAME OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE<br><b>L Scott Brumitt</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |
| 4. a. PHONE NUMBER (Include Area Code)<br><b>(812) 332-0994</b><br>b. FAX NUMBER<br><b>Same (call first)</b><br>c. INTERNET ADDRESS<br><b>Strumtlebb@bloomington.in.us</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |
| 3. ADDRESS (Give complete mailing address and Zip Code-including County)<br><b>917 S Rogers St.<br/>Bloomington, IN 47403<br/>(Monroe County)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |
| 5. ADDRESS OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (If different from Item 2.)<br><b>96-04028</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |
| 6. TITLE OF PROPOSED PROJECT (80-character Maximum, including spaces)<br><b>The Community Farm Project</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |
| 7. PROGRAM TO WHICH YOU ARE APPLYING (Refer to Federal Register Announcement where applicable)<br><b>COMMUNITY FOOD PROJECTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |
| 8. PROGRAM AREA AND NUMBER (Refer to Federal Register Announcement where applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |
| 9. PERIOD OF PROPOSED PROJECT DATES<br>From: <b>1996</b> Through: <b>on going</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |
| 12. DURATION REQUESTED<br><b>3 yrs.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |
| 10. CONGRESSIONAL DISTRICT NO.<br><b>8th</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |
| 11. PERIOD OF PROPOSED PROJECT DATES<br>From: <b>1996</b> Through: <b>on going</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |
| 12. DURATION REQUESTED<br><b>3 yrs.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |
| 13. TYPE OF REQUEST (Check only one)<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement <input type="checkbox"/> Resubmission<br><input type="checkbox"/> Continuing Increment <input type="checkbox"/> PI Transfer (PRIOR USDA Award No. _____)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |
| 14. FUNDS REQUESTED (From Form CSREES-65)<br><b>446,111</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |
| 15. PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S)<br>a. PI/PD #1 Name (First, Middle, Last) SS #* (Correspondent PI)<br><b>Emily Welsh Schabacker</b> (b)(6) <b>00047</b><br>b. PI/PD #2 Name (First, Middle, Last) SS #*<br><b>Lawrence Scott Brumitt</b> (b)(6)<br>c. PI/PD #3 Name (First, Middle, Last) SS #*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |
| 16. a. PI/PD #1 PHONE NUMBER (Include Area Code)<br><b>(812) 332-0994</b><br>b. FAX NUMBER<br><b>Same (call first)</b><br>c. INTERNET ADDRESS<br><b>ESchabac@bloomington.in.us</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |
| 17. PI/PD #1 BUSINESS ADDRESS (Include Department/Zip Code)<br><b>917 S. Rogers St.<br/>Bloomington, IN 47403</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |
| *Submission of the Social Security Number is voluntary and will not effect the organization's eligibility for an award. However, it is an integral part of the CSREES information system and will assist in the processing of the proposal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |
| 18. TYPE OF PERFORMING ORGANIZATION (Check one only)<br>01 <input type="checkbox"/> USDA/ARS Laboratory<br>02 <input type="checkbox"/> Other Federal Research Laboratory<br>03 <input type="checkbox"/> State Agricultural Experiment Station (SAES)<br>04 <input type="checkbox"/> Land-Grant University 1982<br>05 <input type="checkbox"/> Land-Grant University 1080 or Tennessee University<br>06 <input type="checkbox"/> Private University or College<br>07 <input type="checkbox"/> Public University or College (Non Land-Grant)<br>08 <input type="checkbox"/> Private Profit-making<br>09 <input checked="" type="checkbox"/> Private Non-profit<br>10 <input type="checkbox"/> State or Local Government<br>11 <input type="checkbox"/> Veterinary School or College<br>12 <input type="checkbox"/> 1984 Institution<br>13 <input type="checkbox"/> Nonprofit-serving Institution<br>14 <input type="checkbox"/> Other (Specify):<br>15 <input type="checkbox"/> Individual |               |
| 19. WILL THE WORK IN THIS PROJECT INVOLVE RECOMBINANT DNA?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-662)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |
| 20. WILL THE WORK IN THIS PROJECT INVOLVE LIVING VERTEBRATE ANIMALS?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-662)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |
| 21. WILL THE WORK IN THIS PROJECT INVOLVE HUMAN SUBJECTS?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-662)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |
| 22. WILL THIS PROJECT BE SENT OR HAS IT BEEN SENT TO OTHER FUNDING AGENCIES, INCLUDING OTHER USDA AGENCIES?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, list Agency acronym(s) & program(s))<br><b>USDA - SARE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |

By signing and submitting this proposal, the applicant is certifying that the proposed certificate of work is 7 CFR Part 2017, as amended, regarding Subpart and Supplement and 7 CFR Part 2010 regarding Laboratory. Submission of the Institutional Form is not required. (Please read the Certifications and Instructions included in this kit before signing this form.)

In addition, the applicant certifies that the information contained herein is true and accurate to the best of its knowledge and accepts as to any award, the obligation to comply with the terms and conditions of Cooperative State Research, Education, and Extension Service in effect at the time of the award.

SIGNATURE OF PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S) (All PI's/PD's listed in block 15 must sign if they are to be included in award document.)

DATE  
**8-22-96**

SIGNATURE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE

TITLE

DATE



**PROJECT SUMMARY:**

**THE COMMUNITY FARM PROJECT (A project of The Community Kitchen of Monroe County, Inc.)**

Project Manager: Emily Schabacker

The Community Kitchen of Monroe County, Inc. was incorporated as a nonprofit organization in Bloomington, Indiana in 1983. Meals are served six days a week to anyone who is hungry. Feeding the hungry, however, can never be a solution to the underlying causes of hunger and poor nutrition in Bloomington. We have therefore initiated The Community Farm Project (CFP).

The CFP is a training and self-reliance project which will operate on one acre of land donated by the City of Bloomington in the Crestmont Public Housing Project. The project is operating this summer as a pilot project on 2,000 sq ft of city land. The three goals of the CFP emerge from a review of our pilot project's experience:

First, the CFP will enable low-income families in the Crestmont Public Housing Project to begin meeting their own food needs through the production of organic produce. Land, inputs, and training in gardening and planning nutritional gardens will be available for anyone in the target community, and produce from the garden will be split between homes and a marketing operation.

Second, the CFP will establish a connection between the non-profit food sector and the local wholefood market. Local wholefood stores and restaurants, dedicated to buying locally, will purchase produce from the CFP which will provide a source of income to project participants. As participants are involved in the various aspects of micro-management, skills will be gained which will strengthen the capacity of the community to meet its own needs.

Finally, the project will strengthen the capacity of the target community to meet its food needs, both through the production of fresh vegetables, and by strengthening the purchasing abilities of low-income families by generating income through the local sale of produce.



# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                  | DATE       | RESTRICTION |
|--------------------------|------------------------------------------------|------------|-------------|
| 005. form                | re: Application for Funding [partial] (1 page) | 08/22/1996 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
AmeriCorps  
General Files  
OA/Box Number: 24232

### FOLDER TITLE:

Food Security Act [3]

2013-0661-F  
rc3112

### RESTRICTION CODES

#### Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

#### Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

UNITED STATES DEPARTMENT OF AGRICULTURE  
COOPERATIVE STATE RESEARCH, EDUCATION, AND EXTENSION SERVICE

OMB Approved 0524-0022  
Expires 5/31/98

| FOR CEREES USE ONLY |               |
|---------------------|---------------|
| PROGRAM AREA CODE   | PROPOSAL CODE |

APPLICATION FOR FUNDING

|                                                                                                                                           |                                                                                                      |                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| 1. LEGAL NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE<br><b>COASTAL ENTERPRISES, INC. (CEI)</b>                                     | 2. NAME OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE<br><b>CARL DILWSTEIN OR<br/>BLAKE BROWN</b>      | 3. a. PHONE NUMBER (Include Area Code)<br><b>207/882-7552</b><br>b. FAX NUMBER<br><b>207/882-7308</b><br>c. INTERNET ADDRESS |
| 4. ADDRESS (Give complete mailing address and Zip Code-including County)<br><b>P.O. BX 268<br/>WISCASSET, ME 04578<br/>LINCOLN COUNTY</b> | 5. ADDRESS OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (If different from item 2)<br><b>96-04650</b> |                                                                                                                              |

|                                                                                                                            |                                                                                                                                  |                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 6. TITLE OF PROPOSED PROJECT (80 characters; Maximum, including spaces)<br><b>MAINE URBAN/RURAL COMMUNITY FOOD PROJECT</b> | 7. PROGRAM TO WHICH YOU ARE APPLYING (Refer to Federal Register Announcement where applicable)<br><b>COMMUNITY FOOD PROJECTS</b> | 8. PROGRAM AREA AND NUMBER (Refer to Federal Register Announcement where applicable) |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |                                                                                      |                                          |
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| 9. a. b. c. d. e. f. g. h. i. j. k. l. m. n. o. p. q. r. s. t. u. v. w. x. y. z. aa. ab. ac. ad. ae. af. ag. ah. ai. aj. ak. al. am. an. ao. ap. aq. ar. as. at. au. av. aw. ax. ay. az. ba. bb. bc. bd. be. bf. bg. bh. bi. bj. bk. bl. bm. bn. bo. bp. bq. br. bs. bt. bu. bv. bw. bx. by. bz. ca. cb. cc. cd. ce. cf. cg. ch. ci. cj. ck. cl. cm. cn. co. cp. cq. cr. cs. ct. cu. cv. cw. cx. cy. cz. da. db. dc. dd. de. df. dg. dh. di. dj. dk. dl. dm. dn. do. dp. dq. dr. ds. dt. du. dv. dw. dx. dy. dz. ea. eb. ec. ed. ee. ef. eg. eh. ei. ej. ek. el. em. en. eo. ep. eq. er. es. et. eu. ev. ew. ex. ey. ez. fa. fb. fc. fd. fe. ff. fg. fh. fi. fj. fk. fl. fm. fn. fo. fp. fq. fr. fs. ft. fu. fv. fw. fx. fy. fz. ga. gb. gc. gd. ge. gf. gh. gi. gj. gk. gl. gm. gn. go. gp. gq. gr. gs. gt. gu. gv. gw. gx. gy. gz. ha. hb. hc. hd. he. hf. hg. hh. hi. hj. hk. hl. hm. hn. ho. hp. hq. hr. hs. ht. hu. hv. hw. hx. hy. hz. ia. ib. ic. id. ie. if. ig. ih. ii. ij. ik. il. im. in. io. ip. iq. ir. is. it. iu. iv. iw. ix. iy. iz. ja. jb. jc. jd. je. jf. jg. jh. ji. jj. jk. jl. jm. jn. jo. jp. jq. jr. js. jt. ju. jv. jw. jx. jy. jz. ka. kb. kc. kd. ke. kf. kg. kh. ki. kj. kk. kl. km. kn. ko. kp. kq. kr. ks. kt. ku. kv. kw. kx. ky. kz. la. lb. lc. ld. le. lf. lg. lh. li. lj. lk. ll. lm. ln. lo. lp. lq. lr. ls. lt. lu. lv. lw. lx. ly. lz. ma. mb. mc. md. me. mf. mg. mh. mi. mj. mk. ml. mm. mn. mo. mp. mq. mr. ms. mt. mu. mv. mw. mx. my. mz. na. nb. nc. nd. ne. nf. ng. nh. ni. nj. nk. nl. nm. no. np. nq. nr. ns. nt. nu. nv. nw. nx. ny. nz. oa. ob. oc. od. oe. of. og. oh. oi. oj. ok. ol. om. on. oo. op. oq. or. os. ot. ou. ov. ow. ox. oy. oz. pa. pb. pc. pd. pe. pf. pg. ph. pi. pj. pk. pl. pm. pn. po. pp. pq. pr. ps. pt. pu. pv. pw. px. py. pz. qa. qb. qc. qd. qe. qf. qg. qh. qi. qj. qk. ql. qm. qn. qo. qp. qq. qr. qs. qt. qu. qv. qw. qx. qy. qz. ra. rb. rc. rd. re. rf. rg. rh. ri. rj. rk. rl. rm. rn. ro. rp. rq. rr. rs. rt. ru. rv. rw. rx. ry. rz. sa. sb. sc. sd. se. sf. sg. sh. si. sj. sk. sl. sm. sn. so. sp. sq. sr. ss. st. su. sv. sw. sx. sy. sz. ta. tb. tc. td. te. tf. tg. th. ti. tj. tk. tl. tm. tn. to. tp. tq. tr. ts. tt. tu. tv. tw. tx. ty. tz. ua. ub. uc. ud. ue. uf. ug. uh. ui. uj. uk. ul. um. un. uo. up. uq. ur. us. ut. uu. uv. uw. ux. uy. uz. va. vb. vc. vd. ve. vf. vg. vh. vi. vj. vk. vl. vm. vn. vo. vp. vq. vr. vs. vt. vu. vv. vw. vx. vy. vz. wa. wb. wc. wd. we. wf. wg. wh. wi. wj. wk. wl. wm. wn. wo. wp. wq. wr. ws. wt. wu. wv. ww. wx. wy. wz. xa. xb. xc. xd. xe. xf. xg. xh. xi. xj. xk. xl. xm. xn. xo. xp. xq. xr. xs. xt. xu. xv. xw. xx. xy. xz. ya. yb. yc. yd. ye. yf. yg. yh. yi. yj. yk. yl. ym. yn. yo. yp. yq. yr. ys. yt. yu. yv. yw. yx. yy. yz. za. zb. zc. zd. ze. zf. zg. zh. zi. zj. zk. zl. zm. zn. zo. zp. zq. zr. zs. zt. zu. zv. zw. zx. zy. zz. | 10. CONGRESSIONAL DISTRICT NO.<br><b>MAINE 1 &amp; 2</b> | 11. PERIOD OF PROPOSED PROJECT DATES<br>From: <b>10/1/96</b> Through: <b>9/30/98</b> | 12. DURATION REQUESTED<br><b>2 YEARS</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------|

|                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13. TYPE OF REQUEST (Check only one)<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement <input type="checkbox"/> Reversion<br><input type="checkbox"/> Continuing Agreement <input type="checkbox"/> Transfer (Prior USDA Award No. _____) | 14. PRIOR REQUESTED (From Form CEREES-65)<br><b>11/13/96</b>                                                                                                         |
| 15. PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S)<br>a. P.I.P.D. #1 Name (First, Middle, Last) SS #* (Correspondence P.I.)<br><b>JOHN F. PIOTTI</b> (b)(6)<br>b. P.I.P.D. #2 Name (First, Middle, Last)<br><b>JAMES G. HANNA</b> <b>00053</b><br>c. P.I.P.D. #3 Name (First, Middle, Last) SS #*        | 16. a. P.I.P.D. #1 PHONE NUMBER (Include Area Code)<br><b>207/437-2493</b><br>b. FAX NUMBER<br><b>207/437-2309</b><br>c. INTERNET ADDRESS<br><b>piotti@winet.net</b> |
| 17. P.I.P.D. #1 BUSINESS ADDRESS (Include Department/Zip Code)                                                                                                                                                                                                                                          |                                                                                                                                                                      |

\*Submission of the Social Security Number is voluntary and will not affect the organization's eligibility for an award. However, it is an integral part of the CEREES information system and will assist in the processing of the proposal.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18. TYPE OF PERFORMING ORGANIZATION (Check one only)<br>a. <input type="checkbox"/> Unpublished Laboratory<br>b. <input type="checkbox"/> State Agency Research Laboratory<br>c. <input type="checkbox"/> State Agricultural Experiment Station Farm B<br>d. <input type="checkbox"/> Land-grant University 1995<br>e. <input type="checkbox"/> Land-grant University 1996 or Postgraduate University<br>f. <input type="checkbox"/> Private University or College<br>g. <input type="checkbox"/> Public University or College (Non Land-grant)<br>h. <input type="checkbox"/> Private Non-Profit<br>i. <input checked="" type="checkbox"/> Private Non-Profit<br>j. <input type="checkbox"/> State or Local Government<br>k. <input type="checkbox"/> Voluntary District of College<br>l. <input type="checkbox"/> Other Institution<br>m. <input type="checkbox"/> Federal Government<br>n. <input type="checkbox"/> Private Industry<br>o. <input type="checkbox"/> Other (Specify) | 19. WILL THE WORK IN THIS PROJECT INVOLVE RECOMBINANT DNA?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CEREES-662)                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 20. WILL THE WORK IN THIS PROJECT INVOLVE USING VERTEBRATE ANIMALS?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CEREES-662)                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 21. WILL THE WORK IN THIS PROJECT INVOLVE HUMAN SUBJECTS?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CEREES-662)                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 22. WILL THIS PROJECT BE SENT OR HAS IT BEEN SENT TO OTHER FUNDING AGENCIES, INCLUDING OTHER USDA AGENCIES?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list Agency name(s) & program(s)) |

We warrant and warranting the federal, the applicant is hereby designated confidential under 7 CFR 201.10, no contract, including documents and drawings and research materials and 7 CFR 201.1013 regarding facilities. Submission of this individual forms for not required, please refer to the Correspondence and Instructions included in this kit before filling this form.

|                                                                                                                                                        |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| SIGNATURE OF PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S) (All P.I.P.D.'s listed in block 15 must sign if they are to be included in award documents) | DATE<br><b>8/22/96</b> |
| SIGNATURE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (Same as item 2)<br><b>Blake Brown</b>                                                           | DATE<br><b>8/22/96</b> |
| TITLE<br><b>CHIEF FINANCIAL OFFICER</b>                                                                                                                |                        |



### 3. PROJECT SUMMARY

PROJECT TITLE: MAINE URBAN/RURAL COMMUNITY FOOD PROJECT  
APPLICANT: Coastal Enterprises, Inc. (CEI)  
PROJECT DIRECTORS: John Piotti and Jim Hanna

This demonstration project addresses food security issues in two regions of Maine, one urban (Portland) and one rural (Western Waldo County). Within each region, the project will: a) create a Food Policy Council; and b) undertake specific programming designed to rectify local food problems. Both the proposed Councils and the proposed programming are envisioned as models that can be replicated elsewhere in Maine over time.

By confronting urban and rural issues together, the project will: a) address a full range of food security issues (ideal for a demonstration project); b) unite different constituencies in support of food security goals; and c) create opportunities for innovative programming that links urban consumption with rural production.

The proposed project responds directly to the great needs--and corresponding opportunities--that lie within Maine. Maine is an extremely poor state, where a significant portion of the population is threatened by hunger. (A 1995 study estimates that 40% of Maine's children under 12 are hungry or at risk of hunger.) At the same time, Maine retains a large agricultural land base and has the potential to grow more food for local use.

The project's main goals are to:

- 1) Serve the food needs of low-income people.
- 2) Increase local self-reliance.
- 3) Integrate food-related issues into a comprehensive, sustainable strategy.

The project will be undertaken by a powerful consortium that includes: Maine Farms Project; Maine Coalition for Food Security; Portland Anti-Hunger Leaders; Portland Public Market; Unity Barn Raisers; Maine Organic Farmers and Gardeners Association; and the Community Food Security Coalition.

The project builds off a considerable amount of work that has already been accomplished by these organizations working on their own. With the help of this grant, these organizations are pulled together into a truly comprehensive effort, one that will greatly enhance food security in Maine.



# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                  | DATE       | RESTRICTION |
|--------------------------|------------------------------------------------|------------|-------------|
| 006. form                | re: Application for Funding [partial] (1 page) | 08/22/1996 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
AmeriCorps  
General Files  
OA/Box Number: 24232

### FOLDER TITLE:

Food Security Act [3]

2013-0661-F  
rc3112

### RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]  
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]  
P3 Release would violate a Federal statute [(a)(3) of the PRA]  
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]  
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]  
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]  
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]  
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]  
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]  
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]  
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]  
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]  
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

UNITED STATES DEPARTMENT OF AGRICULTURE  
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Expires 5/31/98

PROGRAM AREA CODE

PROPOSAL CODE

APPLICATION FOR FUNDING

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                     |  |                                                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. LEGAL NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE<br><br>Lightstone Foundation, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 3. NAME OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE<br><br>Anthony E. Smith                                                                         |  | 4. a. PHONE NUMBER (Include Area Code)<br>304-249-5200<br>b. FAX NUMBER<br>304-249-5310<br>c. INTERNET ADDRESS<br>Lightstone@IGC.APC.ORG |  |
| 2. ADDRESS (Give complete mailing address and Zip Code-including County)<br>HC 63, Box 73<br>Moyers, West Virginia 26813<br>Pendleton County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 5. ADDRESS OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (If different from item 2.)<br><br><b>96-04659</b>                                           |  |                                                                                                                                          |  |
| 6. TITLE OF PROPOSED PROJECT (80-character Maximum, including spaces)<br><br>The Potomac Highlands Community Food Project                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                     |  |                                                                                                                                          |  |
| 7. PROGRAM TO WHICH YOU ARE APPLYING (Refer to Federal Register Announcement where applicable)<br>COMMUNITY FOOD PROJECTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 8. PROGRAM AREA AND NUMBER (Refer to Federal Register Announcement where applicable) Federal Register/Vol. 61,<br>No. 143, PP 38524-38531, 7-24-96  |  |                                                                                                                                          |  |
| 9. a. b. c. d. e. f. g. h. i. j. k. l. m. n. o. p. q. r. s. t. u. v. w. x. y. z. aa. ab. ac. ad. ae. af. ag. ah. ai. aj. ak. al. am. an. ao. ap. aq. ar. as. at. au. av. aw. ax. ay. az. ba. bb. bc. bd. be. bf. bg. bh. bi. bj. bk. bl. bm. bn. bo. bp. bq. br. bs. bt. bu. bv. bw. bx. by. bz. ca. cb. cc. cd. ce. cf. cg. ch. ci. cj. ck. cl. cm. cn. co. cp. cq. cr. cs. ct. cu. cv. cw. cx. cy. cz. da. db. dc. dd. de. df. dg. dh. di. dj. dk. dl. dm. dn. do. dp. dq. dr. ds. dt. du. dv. dw. dx. dy. dz. ea. eb. ec. ed. ee. ef. eg. eh. ei. ej. ek. el. em. en. eo. ep. eq. er. es. et. eu. ev. ew. ex. ey. ez. fa. fb. fc. fd. fe. ff. fg. fh. fi. fj. fk. fl. fm. fn. fo. fp. fq. fr. fs. ft. fu. fv. fw. fx. fy. fz. ga. gb. gc. gd. ge. gf. gg. gh. gi. gj. gk. gl. gm. gn. go. gp. gq. gr. gs. gt. gu. gv. gw. gx. gy. gz. ha. hb. hc. hd. he. hf. hg. hh. hi. hj. hk. hl. hm. hn. ho. hp. hq. hr. hs. ht. hu. hv. hw. hx. hy. hz. ia. ib. ic. id. ie. if. ig. ih. ii. ij. ik. il. im. in. io. ip. iq. ir. is. it. iu. iv. iw. ix. iy. iz. ja. jb. jc. jd. je. jf. jg. jh. ji. jj. jk. jl. jm. jn. jo. jp. jq. jr. js. jt. ju. jv. jw. jx. jy. jz. ka. kb. kc. kd. ke. kf. kg. kh. ki. kj. kk. kl. km. kn. ko. kp. kq. kr. ks. kt. ku. kv. kw. kx. ky. kz. la. lb. lc. ld. le. lf. lg. lh. li. lj. lk. ll. lm. ln. lo. lp. lq. lr. ls. lt. lu. lv. lw. lx. ly. lz. ma. mb. mc. md. me. mf. mg. mh. mi. mj. mk. ml. mm. mn. mo. mp. mq. mr. ms. mt. mu. mv. mw. mx. my. mz. na. nb. nc. nd. ne. nf. ng. nh. ni. nj. nk. nl. nm. nn. no. np. nq. nr. ns. nt. nu. nv. nw. nx. ny. nz. oa. ob. oc. od. oe. of. og. oh. oi. oj. ok. ol. om. on. oo. op. oq. or. os. ot. ou. ov. ow. ox. oy. oz. pa. pb. pc. pd. pe. pf. pg. ph. pi. pj. pk. pl. pm. pn. po. pp. pq. pr. ps. pt. pu. pv. pw. px. py. pz. qa. qb. qc. qd. qe. qf. qg. qh. qi. qj. qk. ql. qm. qn. qo. qp. qq. qr. qs. qt. qu. qv. qw. qx. qy. qz. ra. rb. rc. rd. re. rf. rg. rh. ri. rj. rk. rl. rm. rn. ro. rp. rq. rr. rs. rt. ru. rv. rw. rx. ry. rz. sa. sb. sc. sd. se. sf. sg. sh. si. sj. sk. sl. sm. sn. so. sp. sq. sr. ss. st. su. sv. sw. sx. sy. sz. ta. tb. tc. td. te. tf. tg. th. ti. tj. tk. tl. tm. tn. to. tp. tq. tr. ts. tt. tu. tv. tw. tx. ty. tz. ua. ub. uc. ud. ue. uf. ug. uh. ui. uj. uk. ul. um. un. uo. up. uq. ur. us. ut. uu. uv. uw. ux. uy. uz. va. vb. vc. vd. ve. vf. vg. vh. vi. vj. vk. vl. vm. vn. vo. vp. vq. vr. vs. vt. vu. vv. vw. vx. vy. vz. wa. wb. wc. wd. we. wf. wg. wh. wi. wj. wk. wl. wm. wn. wo. wp. wq. wr. ws. wt. wu. wv. ww. wx. wy. wz. xa. xb. xc. xd. xe. xf. xg. xh. xi. xj. xk. xl. xm. xn. xo. xp. xq. xr. xs. xt. xu. xv. xw. xx. xy. xz. ya. yb. yc. yd. ye. yf. yg. yh. yi. yj. yk. yl. ym. yn. yo. yp. yq. yr. ys. yt. yu. yv. yw. yx. yy. yz. za. zb. zc. zd. ze. zf. zg. zh. zi. zj. zk. zl. zm. zn. zo. zp. zq. zr. zs. zt. zu. zv. zw. zx. zy. zz. |  | 10. CONGRESSIONAL DISTRICT NO.<br>1st & 2nd                                                                                                         |  | 11. PERIOD OF PROPOSED PROJECT DATES<br>From: 4/1/97 Through: 8/31/98                                                                    |  |
| 12. TYPE OF REQUEST (Check only one)<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement <input type="checkbox"/> Resubmission<br><input type="checkbox"/> Continuing Increment <input type="checkbox"/> PI Transfer (PRIOR USDA Award No. _____)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 13. DURATION REQUESTED (From Form CSREES-55)<br>18 Months                                                                                           |  |                                                                                                                                          |  |
| 14. PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S)<br><br>a. PVPD #1 Name (First, Middle, Last) SS #* (Correspondence PI)<br>Dr. Anthony E. Smith (b)(6) 00061                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 15. a. PVPD #1 PHONE NUMBER (Include Area Code)<br>304-249-5200<br>b. FAX NUMBER:<br>304-249-5310<br>c. INTERNET ADDRESS:<br>Lightstone@IGC.APC.ORG |  |                                                                                                                                          |  |
| b. PVPD #2 Name (First, Middle, Last) SS #*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 17. PVPD #1 BUSINESS ADDRESS (Include Department/Zip Code)<br>HC 63, Box 73<br>Moyers, West Virginia 26813                                          |  |                                                                                                                                          |  |
| c. PVPD #3 Name (First, Middle, Last) SS #*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                     |  |                                                                                                                                          |  |

\*Submission of the Social Security Number is voluntary and will not affect the organization's eligibility for an award. However, it is an integral part of the CSREES information system and will assist in the processing of the proposal.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 18. TYPE OF PERFORMING ORGANIZATION (Check one only)<br>01 <input type="checkbox"/> USDA/ARS Laboratory<br>02 <input type="checkbox"/> Other Federal Research Laboratory<br>03 <input type="checkbox"/> State Agricultural Experiment Station (SAES)<br>04 <input type="checkbox"/> Land-Grant University 1987<br>05 <input type="checkbox"/> Land-Grant University 1990 or Tennessee University<br>06 <input type="checkbox"/> Private University or College<br>07 <input type="checkbox"/> Public University or College (Non Land-Grant)<br>08 <input type="checkbox"/> Private Non-profit<br>09 <input checked="" type="checkbox"/> Private Non-profit<br>10 <input type="checkbox"/> State or Local Government<br>11 <input type="checkbox"/> Voluntary School or College<br>12 <input type="checkbox"/> 1984 Institution<br>13 <input type="checkbox"/> Mississippi operating institution<br>14 <input type="checkbox"/> Other (Specify)<br>15 <input type="checkbox"/> Individual |  | 19. WILL THE WORK IN THIS PROJECT INVOLVE RECOMBINANT DNA?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-662)                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 20. WILL THE WORK IN THIS PROJECT INVOLVE LIVING VERTEBRATE ANIMALS?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-662)                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 21. WILL THE WORK IN THIS PROJECT INVOLVE HUMAN SUBJECTS?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-662)                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 22. WILL THIS PROJECT BE SENT OR HAS IT BEEN SENT TO OTHER FUNDING AGENCIES, INCLUDING OTHER USDA AGENCIES?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list Agency acronym(s) & program(s)) |  |

By signing and submitting this proposal, the applicant is certifying that the information contained herein is true and complete to the best of its knowledge and accepts as to any award, the obligation to comply with the terms and conditions of Cooperative State Research, Education, and Extension Service in effect at the time of the award.

In addition, the applicant certifies that the information contained herein is true and complete to the best of its knowledge and accepts as to any award, the obligation to comply with the terms and conditions of Cooperative State Research, Education, and Extension Service in effect at the time of the award.

|                                                                                                                                                    |  |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|
| SIGNATURE OF PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S) (All PVPD's listed in block 15 must sign if they are to be included in award document.) |  | DATE            |
| SIGNATURE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (Same as item 3)<br><i>Anthony E. Smith</i>                                                  |  | DATE            |
| TITLE<br>Executive Director                                                                                                                        |  | DATE<br>8/22/96 |



# **WEST VIRGINIA POTOMAC HIGHLANDS COMMUNITY FOOD PROJECT**

## **SUMMARY**

Lightstone Foundation, Inc.

HC 63, Box 73, Moyers, WV 26813

Project Director: Anthony E. Smith, PhD, Executive Director

Lightstone Foundation proposes a collaborative project with West Virginia Coalition on Food and Nutrition, Lightstone Community Development Corporation, Eastern West Virginia Community Action Agency, and West Virginia University Extension. The project will improve access to locally grown food and increase economic opportunities for low-income households; support local diversified farms and build community support for sustainable family farming and food security in Grant, Hampshire, Hardy, Mineral and Pendleton Counties.

### **Problem Statement:**

Hunger in West Virginia is linked to problems with lack of access to food, minimal support for locally grown food and a lack of economic opportunities for community residents. There is an increasing lack of access to high quality locally grown food for every sector of the population, particularly those that are already experiencing hunger. The loss of family farms and their contribution to local food production as well as related social and economic losses are beginning to negatively impact the vitality of the region.

### **Goals and Objectives:**

- Strengthen linkages among diversified family farms, low-income families and all sectors of the community to promote a viable food supply system and stronger rural economies
- Foster a Community Stewardship ethic in support of a community-based regional food system
- Develop leadership skills with low-income persons through community based projects and organizations
- Serve as a catalyst and resource for a community-based regional food system

### **Budget:**

- We request \$50,000 over 18 months from CSREES matched by \$235,442 in non-federal funds for a 1:4.7 leverage ratio.



# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                  | DATE       | RESTRICTION |
|--------------------------|------------------------------------------------|------------|-------------|
| 007. form                | re: Application for Funding [partial] (1 page) | 08/22/1996 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
AmeriCorps  
General Files  
OA/Box Number: 24232

### FOLDER TITLE:

Food Security Act [3]

2013-0661-F  
rc3112

### RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]  
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]  
P3 Release would violate a Federal statute [(a)(3) of the PRA]  
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]  
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]  
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]  
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]  
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]  
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]  
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]  
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]  
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]  
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

FOR CSREES USE ONLY

OMB Approved 0524-002

Expires 5/31/98

PROGRAM AREA CODE

PROPOSAL CODE

## APPLICATION FOR FUNDING

1. LEGAL NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE

Loyola University New Orleans

2. NAME OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE

Dr. Gary M. Talarchek

4. a. PHONE NUMBER (Include Area Code)

b. FAX NUMBER

(504)865-2095

c. INTERNET ADDRESS

talarche@beta.loyno.e

2. ADDRESS (Give complete mailing address and Zip Code-including County)

6363 St. Charles Avenue  
New Orleans, Louisiana 70118

5. ADDRESS OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (If different from item 2.)

96-04663

6. TITLE OF PROPOSED PROJECT (80-character Maximum, including spaces)

The EcoNomics Micro-Enterprise Development Initiative

7. PROGRAM TO WHICH YOU ARE APPLYING (Refer to Federal Register Announcement where applicable)

COMMUNITY FOOD PROJECTS

8. PROGRAM AREA AND NUMBER (Refer to Federal Register Announcement where applicable)

9. IFE NO.

(b)(6)

10. CONGRESSIONAL DISTRICT NO.

2nd

11. PERIOD OF PROPOSED PROJECT DATES

From: 10/96

Through: 9/99

12. DURATION REQUESTED

3 Years

13. TYPE OF REQUEST (Check only one)

☒ New☐ Renewal☐ Supplement☐ Resubmission☐ Continuing Increment☐ PI Transfer

(PRIOR USDA Award No. \_\_\_\_\_)

14. FUNDS REQUESTED (From Form CSREES-55)

16. PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S)

a. PI/PD #1 Name (First, Middle, Last) SS #\* (Correspondent PI)

Richard McCarthy

(b)(6)

[007]

16. a. PI/PD #1 PHONE NUMBER (Include Area Code)

b. FAX NUMBER: (504)861-5833

c. INTERNET ADDRESS:

mccarthy@beta.loyno.edu

b. PI/PD #2 Name (First, Middle, Last) SS #\*

c. PI/PD #3 Name (First, Middle, Last) SS #\*

17. PI/PD #1 BUSINESS ADDRESS (Include Department/Zip Code)

Loyola University New Orleans  
Twomey Center - Box 12  
6363 St. Charles Avenue  
New Orleans, Louisiana 70118

\*Submission of the Social Security Number is voluntary and will not affect the organization's eligibility for an award. However, it is an integral part of the CSREES information system and will assist in the processing of the proposal.

18. TYPE OF PERFORMING ORGANIZATION (Check one only)

01 ☐ USDA/ARS Laboratory02 ☐ Other Federal Research Laboratory03 ☐ State Agricultural Experiment Station (SAES)04 ☐ Land-Grant University 189205 ☐ Land-Grant University 1890 or Teaching University06 ☐ Private University or College07 ☐ Public University or College (Non Land-Grant)08 ☐ Private Profit-making09 ☐ Private Non-profit10 ☐ State or Local Government11 ☐ Voluntary (Not-for-profit) or College12 ☐ 1884 Institution13 ☐ Hispanic-serving Institution14 ☐ Other (Specify)15 ☐ Individual

19. WILL THE WORK IN THIS PROJECT INVOLVE RECOMBINANT DNA?

☒ No☐ Yes (If yes, complete Form CSREES-55.2)

20. WILL THE WORK IN THIS PROJECT INVOLVE LIVING VERTEBRATE ANIMALS?

☒ No☐ Yes (If yes, complete Form CSREES-55.2)

21. WILL THE WORK IN THIS PROJECT INVOLVE HUMAN SUBJECTS?

☒ No☐ Yes (If yes, complete Form CSREES-55.2)

22. WILL THIS PROJECT BE SENT OR HAS IT BEEN SENT TO OTHER FUNDING AGENCIES, INCLUDING OTHER USDA AGENCIES?

☐ No☒ Yes (If yes, list Agency acronym(s) & program(s))

By signing and submitting this document, the applicant is providing the required information on Form CSREES-55.1, as described, including Institution and Department and Department/University and 7 CFR Part 2010 regarding laboratory. Submission of the individual forms is not required. (Please read the Certifications and Instructions included in this kit before signing this form.)

In addition, the applicant certifies that the information contained herein is true and complete to the best of its knowledge and accepts as to any award, the obligation to comply with the terms and conditions Cooperative State Research, Education, and Extension Service in effect at the time of the award.

SIGNATURE OF PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S) (All PI's/PD's listed in item 16 must sign if they are to be included in award document.)

DATE 8/22/96

SIGNATURE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (Same as item 2)

TITLE

Director, Grants and  
Research

DATE 8/22/96



### 3. Project Summary

#### The EcoNomics Micro-Enterprise Development Initiative

Richard McCarthy, Project Director  
Theodore Quant, Project Supervisor / Director of the Twomey Center of Loyola University  
Larry Bonds, Micro-Enterprise Coordinator

#### Applicant Organization:

EcoNomics Project  
Twomey Center for Peace through Justice  
Loyola University, Box 907  
7214 St. Charles Avenue  
New Orleans, LA 70118

Project Summary: The Twomey Center embraces innovation by incubating socio-economic projects like the EcoNomics Project. The Project's goal is to initiate and promote ecologically-sound economic development in New Orleans and the surrounding region. In September 1995, it established the Crescent City Farmers' Market (originally the Green Market New Orleans) to serve as a beacon for sustainable agriculture by providing a direct marketing outlet for local farmers and food-based cottage industries. The goal of the project is to incubate micro-enterprises among low-income residents to become the vanguard of a renaissance in a regional agricultural economy based on small-scale farming and niche marketing, especially to urban residents and restaurants.

Prior to establishing the market, emerging micro-enterprises lacked low-overhead opportunities to market their goods directly to consumers. Market surveys administered by local business schools indicate that the market fills the need by removing monetary obstacles (retail rent) and by providing a critical mass of consumers. Working with the Federation of Southern Cooperatives, Loyola University School of Business, the EcoNomics Project will assist public housing residents to establish a food-based micro-enterprise that will gain access to the base of consumers in the farmers' market. The initiative seeks to identify and assist in the formation of a low-risk, cooperative venture (i.e., bakery or pasta enterprise) that will help enable residents to become more economically self-sufficient and connect their lives and livelihood with regional agriculture (through relationships built on the acquisition of local, raw products). The EcoNomics Project will also work with the La. Cooperative Extension to identify suitable processing methods, La. Organic Association to identify innovative growers, City of New Orleans Departments of Economic Development and Environmental Affairs to guide the enterprise through municipal red tape, and the St. Thomas-Irish Channel Consortium to identify trainees.

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                  | DATE       | RESTRICTION |
|--------------------------|------------------------------------------------|------------|-------------|
| 008. form                | re: Application for Funding [partial] (1 page) | 08/21/1996 | b(6)        |

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**COLLECTION:**

Clinton Presidential Records  
AmeriCorps  
General Files  
OA/Box Number: 24232

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**FOLDER TITLE:**

Food Security Act [3]

2013-0661-F  
rc3112

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**RESTRICTION CODES****Presidential Records Act - [44 U.S.C. 2204(a)]**

P1 National Security Classified Information [(a)(1) of the PRA]  
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]  
P3 Release would violate a Federal statute [(a)(3) of the PRA]  
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]  
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]  
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

**Freedom of Information Act - [5 U.S.C. 552(b)]**

b(1) National security classified information [(b)(1) of the FOIA]  
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]  
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]  
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]  
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]  
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]  
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]



UNITED STATES DEPARTMENT OF AGRICULTURE  
COOPERATIVE STATE RESEARCH, EDUCATION, AND EXTENSION SERVICE

FOR CSREES USE ONLY

PROGRAM AREA CODE

PROPOSAL CODE

APPLICATION FOR FUNDING

OMB Approved 0524-0022  
Expires 5/31/98

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                      |                                                                                                                                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--|
| 1. LEGAL NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE<br><br>Southland Farmers' Market Association                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 3. NAME OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE<br><br>Marion Kalb<br>Executive Director                                                                                                                                                                                                                      |                                                                                                                                                                                                                                      | 4. a. PHONE NUMBER (Include Area Code)<br>213-244-9190<br>b. FAX NUMBER<br>213-244-9180<br>c. INTERNET ADDRESS<br>mkalb1@aol.com |  |
| 2. ADDRESS (Give complete mailing address and Zip Code-including County)<br><br>1308 Factory Place, Box 68<br>Los Angeles, CA 90013 (LA County)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 5. ADDRESS OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (If different from item 2.)<br><br>same<br><br><b>96-04672</b>                                                                                                                                                                                             |                                                                                                                                                                                                                                      |                                                                                                                                  |  |
| 6. TITLE OF PROPOSED PROJECT (80-character Maximum, including spaces)<br><br>Watts Growing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                      |                                                                                                                                  |  |
| 7. PROGRAM TO WHICH YOU ARE APPLYING (Refer to Federal Register Announcement where applicable)<br><br>COMMUNITY FOOD PROJECTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                   | 8. PROGRAM AREA AND NUMBER (Refer to Federal Register Announcement where applicable)                                                                                                                                                 |                                                                                                                                  |  |
| 9. FRS NO.<br><br>(b)(6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 10. CONGRESSIONAL DISTRICT NO.<br><br>33rd                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                      | 11. PERIOD OF PROPOSED PROJECT DATES<br>From: 10/96 Through: 10/98                                                               |  |
| 12. DURATION REQUESTED<br><br>2 years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 13. TYPE OF REQUEST (Check only one)<br><br><input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement <input type="checkbox"/> Resubmission<br><input type="checkbox"/> Continuing Increment <input type="checkbox"/> PI Transfer (PRIOR USDA Award No. _____) |                                                                                                                                                                                                                                      |                                                                                                                                  |  |
| 14. FUNDS REQUESTED (From Form CSREES-55)<br><br>\$64,600                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 15. PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S)<br><br>a. PI/PO #1 Name (First, Middle, Last) SS #* (Correspondent PI)<br>Marion Louise Kalb<br>b. PI/PO #2 Name (First, Middle, Last) SS #<br>Rachel Ann Mabie<br>c. PI/PO #3 Name (First, Middle, Last) SS #<br>Don Vernon Burgett                            |                                                                                                                                                                                                                                      |                                                                                                                                  |  |
| 16. a. PI/PO #1 PHONE NUMBER (Include Area Code)<br>213-244-9190<br>b. FAX NUMBER:<br>213-244-9180<br>c. INTERNET ADDRESS:<br>mkalb1@aol.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 17. PI/PO #1 BUSINESS ADDRESS (Include Department/Zip Code)<br><br>1308 Factory Place, Box 68<br>Los Angeles, CA 90013                                                                                                                                                                                            |                                                                                                                                                                                                                                      |                                                                                                                                  |  |
| *Submission of the Social Security Number is voluntary and will not affect the organization's eligibility for an award. However, it is an integral part of the CSREES information system and will assist in the processing of the proposal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                      |                                                                                                                                  |  |
| 18. TYPE OF PERFORMING ORGANIZATION (Check one only)<br><br>01 <input type="checkbox"/> USDA/ARS Laboratory<br>02 <input type="checkbox"/> Other Federal Research Laboratory<br>03 <input type="checkbox"/> State Agricultural Experiment Station (SAES)<br>04 <input type="checkbox"/> Land-Grant University 1982<br>05 <input type="checkbox"/> Land-Grant University 1980 or Tennessee University<br>06 <input type="checkbox"/> Private University or College<br>07 <input type="checkbox"/> Public University or College (Non Land-Grant)<br>08 <input type="checkbox"/> Private Profit-making<br>09 <input checked="" type="checkbox"/> Private Non-profit<br>10 <input type="checkbox"/> State or Local Government<br>11 <input type="checkbox"/> Veterinary School or College<br>12 <input type="checkbox"/> 1884 Institution<br>13 <input type="checkbox"/> Nonprofit -charitable Institution<br>14 <input type="checkbox"/> Other (Specify)<br>15 <input type="checkbox"/> Individual |  |                                                                                                                                                                                                                                                                                                                   | 19. WILL THE WORK IN THIS PROJECT INVOLVE RECOMBINANT DNA?<br><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-662)                                                             |                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                   | 20. WILL THE WORK IN THIS PROJECT INVOLVE LIVING VERTEBRATE ANIMALS?<br><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-662)                                                   |                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                   | 21. WILL THE WORK IN THIS PROJECT INVOLVE HUMAN SUBJECTS?<br><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-662)                                                              |                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                   | 22. WILL THIS PROJECT BE SENT OR HAS IT BEEN SENT TO OTHER FUNDING AGENCIES, INCLUDING OTHER USDA AGENCIES?<br><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list Agency acronym(s) & program(s)) |                                                                                                                                  |  |

By signing and submitting this proposal, the applicant is certifying that the research activities set forth in 7 CFR Part 201.2, or equivalent, regarding Subpart and Supplement and Single-Use Materials and 7 CFR Part 201.3 regarding Laboratory. Submission of the individual forms is not required. (Please read the Certifications and Instructions included in this kit before giving this form.)

In addition, the applicant certifies that the information contained herein is true and complete to the best of its knowledge and attempts as to any award, the obligation to comply with the terms and conditions of Cooperative State Research, Education, and Extension Service in effect at the time of the award.

|                                                                                                                                                                                                       |  |                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|
| SIGNATURE OF PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S) (All PI's/PO's listed in block 15 must sign if they are to be included in award document.)<br><br>Marion Kalb Rachel Ann Mabie Don Burgett |  | DATE<br>8/21/96                                  |
| SIGNATURE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE<br>(Same as item 3)<br><br>Marion Kalb                                                                                                          |  | TITLE<br>Program Director<br><br>DATE<br>8/21/96 |

## **The Watts Growing Project Project Summary**

Applicant: Southland Farmers' Market Association (SFMA)

Partners: Common Ground Garden Program (CGGP)

L.A. Harvest (LAH)

Los Angeles Conservation Corps

LA Grows/Community Garden Council, a committee of the LA Community Food Security  
Network

Watts Health Foundation / Watts Health Community Trust  
Urban Organic

Project Managers: Marion Kalb, SFMA

Rachel Mabie, CGGP

Don Burgett, LAH

The *Watts Growing Project* will develop an intensive production and marketing infrastructure for urban agriculture in Los Angeles. Linked to the newly formed LA Grows Service Center (an organization dedicated to hands-on development and coordination of community gardens in the City of Los Angeles), the project will train community gardeners in intensive gardening techniques, small business management, and produce marketing. Employing the Jordan Downs Community Garden in the historically troubled Watts neighborhood as a demonstration project, *Watts Growing* will meet several objectives. It will increase the availability of locally grown, fresh, nutritious produce through self-reliance oriented methods to the community surrounding the Jordan Downs Community Garden. At the core of the Project's goals is to generate economic development opportunities for low income gardeners.

Watts Growing will accomplish these goals through a comprehensive production, marketing, and nutrition education program. The project will establish formal marketing mechanisms for gardeners to sell their produce locally. Workshops, classes, and individual consultation will be conducted to assist gardeners in all stages of market gardening, including production, small business management, and marketing through direct channels and to grocery stores and restaurants. The project will explore the development of a "Watts Growing" label to facilitate the marketing of Watts grown produce.

The project will seek to replicate itself in other low income food access deficient areas of the city through its institutionalization as a marketing arm of LA Grows, and through mentoring by experienced Watts gardeners.



# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                  | DATE       | RESTRICTION |
|--------------------------|------------------------------------------------|------------|-------------|
| 009. form                | re: Application for Funding [partial] (1 page) | 08/21/1996 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
AmeriCorps  
General Files  
OA/Box Number: 24232

### FOLDER TITLE:

Food Security Act [3]

2013-0661-F  
rc3112

### RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

Freedom of Information Act - [5 U.S.C. 552(b)]

P1 National Security Classified Information [(a)(1) of the PRA]  
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]  
P3 Release would violate a Federal statute [(a)(3) of the PRA]  
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]  
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]  
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

b(1) National security classified information [(b)(1) of the FOIA]  
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]  
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]  
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]  
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]  
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]  
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]  
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

UNITED STATES DEPARTMENT OF AGRICULTURE  
COOPERATIVE STATE RESEARCH, EDUCATION, AND EXTENSION SERVICE

OMB Approved 0524-002  
Expires 5/31/9

| FOR CSREES USE ONLY |               |
|---------------------|---------------|
| PROGRAM AREA CODE   | PROPOSAL CODE |

APPLICATION FOR FUNDING

|                                                                                                                          |                                                                                                      |                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| 1. LEGAL NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE<br>Knoxville-Knox County<br>Community Action Committee (CAC) | 2. NAME OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE<br>L.T. Ross<br>Executive Director               | 4. a. PHONE NUMBER (Include Area Code)<br>423-546-3500<br>b. FAX NUMBER<br>423-546-0832<br>c. INTERNET ADDRESS |
| 2. ADDRESS (Give complete mailing address and Zip Code-including County)<br>P.O. Box 51650<br>Knoxville, TN 37950-1650   | 5. ADDRESS OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (If different from item 2)<br><b>96-04680</b> |                                                                                                                |

|                                                                                                                           |                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 3. TITLE OF PROPOSED PROJECT (80-character Maximum, including spaces)<br>CAC's Food Connections Project                   |                                                                                      |
| 7. PROGRAM TO WHICH YOU ARE APPLYING (Refer to Federal Register Announcement where applicable)<br>COMMUNITY FOOD PROJECTS | 8. PROGRAM AREA AND NUMBER (Refer to Federal Register Announcement where applicable) |

|                                                                                                                                                                                                                                                                                                               |                                     |                                                                        |                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------|------------------------------------------------------|
| 9. TITLE AND<br>(b)(6)                                                                                                                                                                                                                                                                                        | 10. CONGRESSIONAL DISTRICT NO.<br>2 | 11. PERIOD OF PROPOSED PROJECT DATES<br>From: 10-1-96 Through: 9-30-97 | 12. DURATION REQUESTED                               |
| 13. TYPE OF REQUEST (Check only one)<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement <input type="checkbox"/> Resubmission<br><input type="checkbox"/> Continuing Increment <input type="checkbox"/> PI Transfer (PRIOR USDA Award No. _____) |                                     |                                                                        | 14. FUNDS REQUESTED (From Form CSREES-66)<br>631,000 |

|                                                                                              |                                                                                                                                                                       |                                                                                                                     |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 16. PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S)                                            |                                                                                                                                                                       | 18. a. FVPO #1 PHONE NUMBER (Include Area Code) 423-546-3500<br>b. FAX NUMBER: 423-546-0832<br>c. INTERNET ADDRESS: |
| a. FVPO #1 Name (First, Middle, Last) SS #* (Correspondent PI)<br>Gail P. Harris (b)(6) 0093 |                                                                                                                                                                       |                                                                                                                     |
| b. FVPO #2 Name (First, Middle, Last) SS #*<br>Betsy Haughton                                |                                                                                                                                                                       |                                                                                                                     |
| c. FVPO #3 Name (First, Middle, Last) SS #*                                                  | 17. FVPO #1 BUSINESS ADDRESS (Include Department/Zip Code)<br>Knoxville-Knox County CAC<br>Office of Community Services<br>P.O. Box 51650<br>Knoxville, TN 37950-1650 |                                                                                                                     |

\*Submission of the Social Security Number is voluntary and will not affect the organization's eligibility for an award. However, it is an integral part of the CSREES information system and will assist in the processing of the proposal.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                  |
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| 18. TYPE OF PERFORMING ORGANIZATION (Check one only)<br>01 <input type="checkbox"/> USDA/ARS Laboratory<br>02 <input type="checkbox"/> Other Federal Research Laboratory<br>03 <input type="checkbox"/> State Agricultural Experiment Station (SAES)<br>04 <input type="checkbox"/> Land-Grant University 1862<br>05 <input type="checkbox"/> Land-Grant University 1862 or Teaching University<br>06 <input type="checkbox"/> Private University or College<br>07 <input type="checkbox"/> Public University or College (Non Land-Grant)<br>08 <input type="checkbox"/> Private Profit-making<br>09 <input checked="" type="checkbox"/> Private Non-profit<br>10 <input type="checkbox"/> State or Local Government<br>11 <input type="checkbox"/> Voluntary National or College<br>12 <input type="checkbox"/> 1864 Institution<br>13 <input type="checkbox"/> Research-serving Institution<br>14 <input checked="" type="checkbox"/> Other (Specify) Community Action Agency<br>15 <input type="checkbox"/> Individual | 19. WILL THE WORK IN THIS PROJECT INVOLVE RECOMBINANT DNA?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-662)                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 20. WILL THE WORK IN THIS PROJECT INVOLVE LIVING VERTEBRATE ANIMALS?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-662)                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 21. WILL THE WORK IN THIS PROJECT INVOLVE HUMAN SUBJECTS?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-662)                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 22. WILL THIS PROJECT BE SENT OR HAS IT BEEN SENT TO OTHER FUNDING AGENCIES, INCLUDING OTHER USDA AGENCIES?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list Agency acronym(s) & program(s)) |

By signing and submitting this document, the applicant is providing the required certification set forth in 7 CFR Part 201.2, as amended, regarding Ownership and Supervision and Signatory Functions and 7 CFR Part 201.2 regarding Laboratory. Submission of the individual forms is not required. (Please read the Certifications and Instructions included in this kit before filling out this form.)

In addition, the applicant certifies that the information contained herein is true and complete to the best of its knowledge and accepts as its own, the obligation to comply with the terms and conditions of the Cooperative State Research, Education, and Extension Service in effect at the time of the award.

|                                                                                                                                                                                     |  |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|
| SIGNATURE OF PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S) (All FVPO's listed in block 15 must sign if they are to be included in award documents)<br>Gail P. Harris Betsy Haughton |  | DATE<br>August 21, 1996                         |
| SIGNATURE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (Same as item 2)<br>L.T. Ross                                                                                                 |  | TITLE<br>Executive Director<br>DATE<br>08-21-96 |



## PROJECT SUMMARY

Title of Project: CAC'S FOOD CONNECTIONS PROJECT

Primary Project Director: Gail Harris, Director, Office of Community Services, CAC

Applicant Organization: Knoxville Knox County Community Action Committee (CAC)

Organizations Involved in Project: The Second Harvest Food Bank of East Tennessee; the Knoxville News Sentinel; the Moses Teen Center of the Boys and Girls Club; the East Tennessee Farmers' Association for Retail Marketing (F.A.R.M.); the University of Tennessee Department of Nutrition; Knox County WIC program; the University of Tennessee Agricultural Extension Service; the Food Policy Council of the City of Knoxville; Knoxville's Community Investment Corporation (KCIC); Knox County Farmers' Market; Rivendell Farms; Mayo's Garden Centers.

## SUMMARY

Knox County, Tennessee, has the pieces of a self sustaining food system. There are farmers producing fruits and vegetables who need new markets for their products. There are poor people who need better access to fresh vegetables. There are restaurants eager to buy fresh herbs or specialty crops. There are people eager to start their own businesses. Presently, these elements are not connected. The Food Policy Council exists to monitor the food system, yet has no formal means of doing this. This project will build on existing programs, identify the resources and needs, and connect them in mutually beneficial ways. The goals of this project are to:

- 1) Improve access to food for low income families;
- 2) Strengthen the economic vitality of local food producers;
- 3) Strengthen the capacity for self-sufficiency and personal responsibility for low income families;
- 4) Promote comprehensive responses to food, farm and nutrition issues by the provision of information about the food system's performance.

A Food Connections Coordinator will identify producers who will supply vegetables to the Second Harvest Food Bank for a "Green Market". The Food Bank's rural delivery routes will be coordinated with return produce pick-ups from those farmers. Local groups will be assisted in starting garden projects to supply local restaurants or the Green Market. The Coordinator will establish a pilot "veggie voucher" program with WIC recipients. New sites for CAC's Summer Food Program will be identified. A database will be created for the Food Policy Council to better monitor the performance of the food system.

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                  | DATE       | RESTRICTION |
|--------------------------|------------------------------------------------|------------|-------------|
| 010. form                | re: Application for Funding [partial] (1 page) | 08/22/1996 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
AmeriCorps  
General Files  
OA/Box Number: 24232

### FOLDER TITLE:

Food Security Act [3]

2013-0661-F  
rc3112

### RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

Freedom of Information Act - [5 U.S.C. 552(b)]

P1 National Security Classified Information [(a)(1) of the PRA]  
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]  
P3 Release would violate a Federal statute [(a)(3) of the PRA]  
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]  
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]  
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

b(1) National security classified information [(b)(1) of the FOIA]  
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]  
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]  
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]  
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]  
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]  
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]  
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

C. Closed in accordance with restrictions contained in donor's deed of gift.  
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).  
RR. Document will be reviewed upon request.



UNITED STATES DEPARTMENT OF AGRICULTURE  
COOPERATIVE STATE RESEARCH, EDUCATION, AND EXTENSION SERVICE

OMB Approved 0524-0022  
Expires 5/31/98

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| PROGRAM AREA CODE   | PROPOSAL CODE |

**APPLICATION FOR FUNDING**

|                                                                                                                  |                                                                                            |                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| 1. LEGAL NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE<br>Denver Urban Gardens - (DUG)                      | 2. NAME OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE<br>David Rieseck                       | 4. a. PHONE NUMBER (Include Area Code)<br>303-592-9300<br>b. FAX NUMBER<br>303-592-9400<br>c. INTERNET ADDRESS<br>HN4463@handsnet.org |
| 2. ADDRESS (Give complete mailing address and Zip Code-including County)<br>1110 Acoma<br>Denver, Colorado 80204 | 5. ADDRESS OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (If different from Item 2.)<br>Same |                                                                                                                                       |

**96-04683**

|                                                                                                                             |                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 3. TITLE OF PROPOSED PROJECT (80-character Maximum, including spaces)<br>The Urban Farm at Stapleton Community Food Project |                                                                                      |
| 7. PROGRAM TO WHICH YOU ARE APPLYING (Refer to Federal Register Announcement where applicable)<br>COMMUNITY FOOD PROJECTS   | 8. PROGRAM AREA AND NUMBER (Refer to Federal Register Announcement where applicable) |

|                                                                                                                                                                                                                                                                                                               |                                |                                                                      |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------|-------------------------------------------------------|
| (b)(6)                                                                                                                                                                                                                                                                                                        | 10. CONGRESSIONAL DISTRICT NO. | 11. PERIOD OF PROPOSED PROJECT DATES<br>From: Nov 96 Through: Nov 98 | 12. DURATION REQUESTED<br>2 years                     |
| 13. TYPE OF REQUEST (Check only one)<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement <input type="checkbox"/> Resubmission<br><input type="checkbox"/> Continuing Increment <input type="checkbox"/> PI Transfer (PRIOR USDA Award No. _____) |                                |                                                                      | 14. FUNDS REQUESTED (From Form CSREES-55)<br>\$16,000 |

|                                                                                                     |  |                                                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 15. PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S)<br>David Rieseck, Michael Buchenau, Donna Garnett |  | 16. a. PI/PO #1 PHONE NUMBER (Include Area Code)<br>303-592-9300<br>b. FAX NUMBER<br>303-592-9400<br>c. INTERNET ADDRESS<br>HN4463@handsnet.org |  |
| a. PI/PO #1 Name (First, Middle, Last) SS #*<br>David W. Rieseck (b)(6)                             |  |                                                                                                                                                 |  |
| b. PI/PO #2 Name (First, Middle, Last) SS #*<br>Michael J. Buchenau (b)(6) [E010]                   |  | 17. PI/PO #1 BUSINESS ADDRESS (Include Department/Zip Code)<br>1110 Acoma<br>Denver, CO 80204                                                   |  |
| c. PI/PO #3 Name (First, Middle, Last) SS #*<br>Donna M. Garnett (b)(6)                             |  |                                                                                                                                                 |  |

\*Submission of the Social Security Number is voluntary and will not affect the organization's eligibility for an award. However, it is an integral part of the CSREES information system and will assist in the processing of the proposal.

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| 18. TYPE OF PERFORMING ORGANIZATION (Check one only)<br>01 <input type="checkbox"/> USDA/ARS Laboratory<br>02 <input type="checkbox"/> Other Federal Research Laboratory<br>03 <input type="checkbox"/> State Agricultural Experiment Station (SAES)<br>04 <input type="checkbox"/> Land-Grant University 1942<br>05 <input type="checkbox"/> Land-Grant University 1990 or Teaching University<br>06 <input type="checkbox"/> Private University or College<br>07 <input type="checkbox"/> Public University or College (Non Land-Grant)<br>08 <input type="checkbox"/> Private Profit-making<br>09 <input checked="" type="checkbox"/> Private Non-profit<br>10 <input type="checkbox"/> State or Local Government<br>11 <input type="checkbox"/> Veterinary School or College<br>12 <input type="checkbox"/> 1894 Institution<br>13 <input type="checkbox"/> Hispanic-serving institution<br>14 <input type="checkbox"/> Other (Specify)<br>15 <input type="checkbox"/> Individual | 19. WILL THE WORK IN THIS PROJECT INVOLVE RECOMBINANT DNA?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-662)                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 20. WILL THE WORK IN THIS PROJECT INVOLVE LIVING VERTEBRATE ANIMALS?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-662)                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 21. WILL THE WORK IN THIS PROJECT INVOLVE HUMAN SUBJECTS?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-662)                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 22. WILL THIS PROJECT BE SENT OR HAS IT BEEN SENT TO OTHER FUNDING AGENCIES, INCLUDING OTHER USDA AGENCIES?<br><input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list Agency acronym(s) & program(s)) |

By signing and submitting this proposal, the applicant is providing the required certification on form 7-074 Post 2012, as amended, regarding Subcontract and Suspension and Debarment and 7-074 Post 2016 regarding Lobbying. Submission of the individual forms is not required. (Please read the Certifications and Instructions included in this kit before signing this form.)

In addition, the applicant certifies that the information contained herein is true and complete to the best of its knowledge and accepts as to any award, the obligation to comply with the terms and conditions of Cooperative State Research, Education, and Extension Service in effect at the time of the award.

|                                                                                                                                                                                               |  |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|
| SIGNATURE OF PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S) (All PI's/PO's listed in block 16 must sign if they are to be included in award document.)<br><i>[Signature: David W. Rieseck]</i> |  | DATE<br>8/22/96 |
| SIGNATURE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE<br><i>[Signature: David Rieseck]</i>                                                                                                    |  | DATE<br>8/22/96 |
| TITLE<br>CO-EXEC. DIRECTOR                                                                                                                                                                    |  | DATE<br>8/22/96 |

***THE URBAN FARM AT STAPLETON***  
***Community Food Project***

**Project Summary**

**Primary Project Directors:**

**David Rieseck  
Michael Buchenau**

**Applicant Organization:**

**Denver Urban Gardens  
1110 Acoma Street  
Denver, Colorado 80204  
1-303-592-9300**

The purpose of the proposed Urban Farm at Stapleton Community Food Project is to create a food system that provides low-cost, organic food to the surrounding communities for low-income, at-risk, and homeless citizens and increases the self-reliance of these communities in providing for their own food needs. The project has three goals: 1) Establish a community food project at the old Stapleton Airport site with the capacity to provide organically grown produce and herbs to low income citizens; 2). Develop working links between the project and other elements of the local food system to expand the supply of and access to quality food by low income people; 3). Increase capacity of low-income neighborhoods to provide for their own food needs.

Project strategies include expanding the number of community gardens throughout the city, creating a farm shares program; convening a local food council to develop comprehensive responses to food, farm, and nutrition issues; piloting an educational program in a local elementary school; and providing a summer youth program to engage young people in food production and distribution.



# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                  | DATE       | RESTRICTION |
|--------------------------|------------------------------------------------|------------|-------------|
| 011. form                | re: Application for Funding [partial] (1 page) | 08/22/1996 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
AmeriCorps  
General Files  
OA/Box Number: 24232

### FOLDER TITLE:

Food Security Act [3]

2013-0661-F  
rc3112

### RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

Freedom of Information Act - [5 U.S.C. 552(b)]

P1 National Security Classified Information [(a)(1) of the PRA]  
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]  
P3 Release would violate a Federal statute [(a)(3) of the PRA]  
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]  
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]  
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

b(1) National security classified information [(b)(1) of the FOIA]  
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]  
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]  
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b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]  
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]  
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

C. Closed in accordance with restrictions contained in donor's deed of gift.  
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).  
RR. Document will be reviewed upon request.

UNITED STATES DEPARTMENT OF AGRICULTURE  
OPERATIVE STATE RESEARCH, EDUCATION, AND EXTENSION SERVICE

FOR CSREES USE ONLY

PROGRAM AREA CODE

PROPOSAL CODE

APPLICATION FOR FUNDING

OMB Approved 0524-0022  
Expires 5/31/98

|                                                                                                                                                                                                                                                                                                                                  |                                                |                                                                                                                                                     |  |                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. LEGAL NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE<br><br>Institute for Washington's Future                                                                                                                                                                                                                             |                                                | 2. NAME OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE<br><br>Donald Hopps,<br>President, Board of<br>Directors                                        |  | 4. a. PHONE NUMBER (Include Area Code)<br>(206) 324-3628<br>b. FAX NUMBER<br>(206) 324-6279<br>c. INTERNET ADDRESS<br>mail@inst01.isomedia.com |  |
| 3. ADDRESS (Give complete mailing address and Zip Code-including County)<br><br>2111 E. Union<br>Seattle, WA 98122 King County                                                                                                                                                                                                   |                                                | 5. ADDRESS OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (If different from item 2.)<br><br>174 Ward St. Seattle, WA 98109                            |  |                                                                                                                                                |  |
| 6. TITLE OF PROPOSED PROJECT (80-character Maximum, including spaces)<br><br>New Farmers/New Farms Project                                                                                                                                                                                                                       |                                                | 96-04717                                                                                                                                            |  |                                                                                                                                                |  |
| 7. PROGRAM TO WHICH YOU ARE APPLYING (Refer to Federal Register Announcement where applicable)<br><br>COMMUNITY FOOD PROJECTS                                                                                                                                                                                                    |                                                | 8. PROGRAM AREA AND NUMBER (Refer to Federal Register Announcement where applicable)<br><br>N/A                                                     |  |                                                                                                                                                |  |
| 9. FIS NO.<br>(b)(6)                                                                                                                                                                                                                                                                                                             | 10. CONGRESSIONAL DISTRICT NO.<br>7th district | 11. PERIOD OF PROPOSED PROJECT DATES<br>From: 9/30/96 Through: 9/30/97                                                                              |  | 12. DURATION REQUESTED<br>1 year                                                                                                               |  |
| 13. TYPE OF REQUEST (Check only one)<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement <input type="checkbox"/> Resubmission<br><input type="checkbox"/> Continuing Increment <input type="checkbox"/> PI Transfer <input type="checkbox"/> PRIOR USDA Award No. 1 |                                                |                                                                                                                                                     |  | 14. FUNDS REQUESTED (From Form CSREES-66)<br><br>\$67,000                                                                                      |  |
| 15. PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S)<br>Don Shakow (IWF), Executive Director                                                                                                                                                                                                                                        |                                                | 16. a. P/PO #1 PHONE NUMBER (Include Area Code)<br>(206) 324-7324<br>b. FAX NUMBER: (206) 324-6279<br>c. INTERNET ADDRESS: mail@inst01.isomedia.com |  |                                                                                                                                                |  |
| a. P/PO #1 Name (First, Middle, Last) SS #* (Correspondent PI)<br>Don Moshe Shakow, (b)(6) Coll 1                                                                                                                                                                                                                                |                                                | 17. P/PO #1 BUSINESS ADDRESS (Include Department/Zip Code)<br><br>Institute for Washington's Future<br>2111 E. Union St.<br>Seattle, WA 98122       |  |                                                                                                                                                |  |
| b. P/PO #2 Name (First, Middle, Last) SS #*                                                                                                                                                                                                                                                                                      |                                                | c. P/PO #3 Name (First, Middle, Last) SS #*                                                                                                         |  |                                                                                                                                                |  |

\* Submission of the Social Security Number is voluntary and will not effect the organization's eligibility for an award. However, it is an integral part of the CSREES information system and will assist in the processing of the proposal.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18. TYPE OF PERFORMING ORGANIZATION (Check one only)<br>01 <input type="checkbox"/> USDA/ARS Laboratory<br>02 <input type="checkbox"/> Other Federal Research Laboratory<br>03 <input type="checkbox"/> State Agricultural Experiment Station (SAES)<br>04 <input type="checkbox"/> Land-Grant University 1992<br>05 <input type="checkbox"/> Land-Grant University 1990 or Fellowship University<br>06 <input type="checkbox"/> Private University or College<br>07 <input type="checkbox"/> Public University or College (Non Land-Grant)<br>08 <input type="checkbox"/> Private Profit-making<br>09 <input type="checkbox"/> Private Non-profit<br>10 <input type="checkbox"/> State or Local Government<br>11 <input type="checkbox"/> Voluntary National or College<br>12 <input type="checkbox"/> 1994 Institution<br>13 <input type="checkbox"/> Hispanic-serving Institution<br>14 <input type="checkbox"/> Other (Specify)<br>15 <input type="checkbox"/> International | 19. WILL THE WORK IN THIS PROJECT INVOLVE RECOMBINANT DNA?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-66.2)                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20. WILL THE WORK IN THIS PROJECT INVOLVE LIVING VERTEBRATE ANIMALS?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-66.2)                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 21. WILL THE WORK IN THIS PROJECT INVOLVE HUMAN SUBJECTS?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-66.2)                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 22. WILL THIS PROJECT BE SENT OR HAS IT BEEN SENT TO OTHER FUNDING AGENCIES, INCLUDING OTHER USDA AGENCIES?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, list Agency acronym(s) & program(s))<br>Puget Sound Urban Resources Partnership (federal grant) |

By signing and submitting this proposal, the applicant certifies that the applicant organization was established on or before 7/1/94 and that it is a research, extension, education, and demonstration organization. Submission of the individual forms is not required. Please read the Cardholders and Instructions included in this kit before giving this form.

In addition, the applicant certifies that the information contained herein is true and complete to the best of its knowledge and accuracy as to any award. The applicant is bound by the terms and conditions of Cooperative State Research, Education, and Extension Service in effect at the time of the award.

|                                                                                                                                                                                |  |                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|
| SIGNATURE OF PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S) (All P/PO's based on block 15 must sign if they are to be included in award documents.)<br><br><i>Don M. Shakow</i> |  | DATE<br>8/22/96                       |
| SIGNATURE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (Same as item 3)<br><br><i>Donald W. Hopps</i>                                                                           |  | TITLE<br>President<br>DATE<br>8/22/96 |



Community Food Projects: Funding Proposal  
Applicant: Institute for Washington's Future

**Cooperative State Research, Education, and Extension Service**

**Community Food Projects: Funding Proposal**

**3. Project Summary**

The New Farmers/New Farms Project works to provide the opportunity for low-income Seattle-area residents to gain farming and business skills to allow them to make a living from their own commercial, organic farms. It is a collaboration between several non-profit organizations: The Institute for Washington's Future, the Cascadia Revolving Fund, the International Marine Association Protecting Aquatic Life, and the King County Organizing Project, with its member institutions of churches, labor unions, education coalitions and ethnic mutual assistance groups. The project's other partners are the King County Parks and Cultural Resources Department and the King County Council.

The primary purpose of this project is to create jobs and income opportunities for low-income King County residents by giving participants the training and material resources to become organic farmers on local lands. At the same time, it seeks to preserve farmland in urban areas. At present there are significant farmable parcels which King County owns or for which it holds development rights. These lands are not being farmed and if they continue unfarmed, it is likely that over time they will revert to non-agricultural development. Now it is crucial to give people the opportunity to farm these lands before this resource disappears permanently.

By learning co-operative business management, marketing skills, and leadership development, as well as organic farming methods, participants can by-pass many of the obstacles currently faced by small farmers.

The Institute for Washington's Future is applying for the Community Food Projects funds, to help cover the costs of the Training/Demonstration site facilities.

**4. Project Narrative**

**a) What is the community to be served by the proposed project?**

The community directly served by the New Farmers/New Farms project are families and individuals from low-income communities within King County and the City of Seattle who have an interest in farming. The Pacific Northwest, in which King County and Seattle are located, have incredibly rich natural resources and the Seattle area enjoys fertile soils, in part due to the

**Applicant: Institute for Washington's Future  
Community Food Projects Proposal**

# Withdrawal/Redaction Marker

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| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                  | DATE       | RESTRICTION |
|--------------------------|------------------------------------------------|------------|-------------|
| 012. form                | re: Application for Funding [partial] (1 page) | 08/20/1996 | b(6)        |

**COLLECTION:**

Clinton Presidential Records  
AmeriCorps  
General Files  
OA/Box Number: 24232

**FOLDER TITLE:**

Food Security Act [3]

2013-0661-F  
rc3112

**RESTRICTION CODES**

Presidential Records Act - [44 U.S.C. 2204(a)]

Freedom of Information Act - [5 U.S.C. 552(b)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]
- C. Closed in accordance with restrictions contained in donor's deed of gift.
- PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
- RR. Document will be reviewed upon request.

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]



UNITED STATES DEPARTMENT OF AGRICULTURE  
COOPERATIVE STATE RESEARCH, EDUCATION, AND EXTENSION SERVICE

OMB Approved 0524-C  
Expires 5/31

APPLICATION FOR FUNDING

FOR CSREES USE ONLY

PROGRAM AREA CODE

PROPOSAL CODE

1. LEGAL NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE

KAUAI FOOD BANK, INC.

3. NAME OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE

Gregg Gardiner,  
PRESIDENT

4. a. PHONE NUMBER (Include Area Code)

(808) 246-3809

b. FAX NUMBER

(808) 246-4737

c. INTERNET ADDRESS

www.hawaiian.net/~

2. ADDRESS (Give complete mailing address and Zip Code including County)

3285-A WAAPA ST.  
LIHUE, HI. 96766

5. ADDRESS OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (If different from here)

SAME AS 96-04720

6. TITLE OF PROPOSED PROJECT (80-character Maximum, including spaces)

ANAHOLA SELF-SUFFICIENCY PROGRAM ON HAWAIIAN HOMELANDS

7. PROGRAM TO WHICH YOU ARE APPLYING (Refer to Federal Register Announcement where applicable)

COMMUNITY FOOD PROJECTS

8. PROGRAM AREA AND NUMBER (Refer to Federal Register Announcement where applicable)

9. PIC NO. Federal Non-Profit

E.I. # (b)(6)

10. CONGRESSIONAL DISTRICT NO.

2

11. PERIOD OF PROPOSED PROJECT DATES

From: 1/1/97 Through: 12/31/98

12. DURATION REQUESTED

2 YEARS

13. TYPE OF REQUEST (Check only one)

☒ New ☐ Renewal ☐ Supplement ☐ Resubmission

☐ Continuing Increment ☐ PI Transfer (PRIOR USDA Award No. 1)

14. FUNDS REQUESTED (From Form CSREES-55)

4

15. PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR(S)

JUDITH F. LENTHALL

(b)(6)

a. PUPD #1 Name (First, Middle, Last) SS #\* (Correspondent PI)

KEALOHANUI BACLAYON

(b)(6)

b. PUPD #2 Name (First, Middle, Last) SS #\*

LO123

c. PUPD #3 Name (First, Middle, Last) SS #\*

16. a. PUPD #1 PHONE NUMBER (Include Area Code)

(808) 246-3809

b. FAX NUMBER

(808) 246-4737

c. INTERNET ADDRESS

www.hawaiian.net/~food

17. PUPD #1 BUSINESS ADDRESS (Include Department/Zip Code)

SAME AS 2

\* Submission of the Social Security Number is voluntary and will not affect the organization's eligibility for an award. However, it is an integral part of the CSREES information system and will assist in the processing of the proposal.

18. TYPE OF PERFORMING ORGANIZATION (Check one only)

01 ☐ USDA/ARS Laboratory

02 ☐ Other Federal Research Laboratory

03 ☐ State Agricultural Experiment Station (ARS)

04 ☐ Land-Grant University 1862

05 ☐ Land-Grant University 1890 or Teaching University

06 ☐ Private University or College

07 ☐ Public University or College (Non Land-Grant)

08 ☐ Private Profit-making

09 ☐ Private Non-profit

10 ☐ State or Local Government

11 ☐ Voluntary School or College

12 ☐ 1864 Institution

13 ☐ Hispanic-serving Institution

14 ☐ Other (Specify)

15 ☐ Individual

19. WILL THE WORK IN THIS PROJECT INVOLVE RECOMBINANT DNA?

☒ No ☐ Yes (If yes, complete Form CSREES-662)

20. WILL THE WORK IN THIS PROJECT INVOLVE LIVING VERTEBRATE ANIMALS?

☒ No ☐ Yes (If yes, complete Form CSREES-662)

21. WILL THE WORK IN THIS PROJECT INVOLVE HUMAN SUBJECTS?

☒ No ☐ Yes (If yes, complete Form CSREES-662)

22. WILL THIS PROJECT BE SENT OR HAS IT BEEN SENT TO OTHER FUNDING AGENCIES, INCLUDING OTHER USDA AGENCIES?

☒ No ☐ Yes (If yes, list Agency acronym(s) & program(s))

By signing and submitting this proposal, the applicant is certifying the required information on Form CSREES-662, as required by the National Science Foundation and the Department of Agriculture. Submission of the individual forms is not required. (Please read the Certifications and Instructions included in this kit before signing this form.)

In addition, the applicant certifies that the information contained herein is true and complete to the best of their knowledge and experience as to any award, the obligation to comply with the terms and conditions of the Cooperative State Research, Education, and Extension Service in effect at the time of the award.

SIGNATURE OF PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR(S) (All PUPD's listed in block 15 must sign; they are to be included in award documents.)

Judith F. Lenthall

Kealohanui BacLayon

Gregg Gardiner

DATE Aug 20,

SIGNATURE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (Same as Form 3)

Gregg Gardiner

TITLE

PRES

DATE

8/20/96



## PROJECT SUMMARY

Project Title Anahola Self-Sufficiency Program in Hawaiian Homelands  
Project Directors Judith F. Lenthall and Kealohanui Baclayon  
Applicant The Kaua'i Food Bank, Inc.

The Kauai Food Bank is a non-profit agency that currently serves about 15% of the island's total population through about 80 member agencies. The beautiful island of Kauai was decimated by Hurricane Iniki in 1992, and the Food Bank was started in October, 1992. In 1995, we became an independent corporation and started to operate a small farm to grow our own produce for the needs of our clients. More than 90% of all labor at the farm and our warehouse is performed by volunteers, i.e. seniors, summer youth, community service, prisoners, job training placement (Alu Like), JOBS, or mental health referrals. We have consistently offered job training to these volunteers and hired four of these volunteers as permanent staff (from the Americorps or Alu Like programs).

In an attempt to support our operations to feed the hungry, the Marriott resort and several island restaurants have recently informed us of their desire to purchase our produce at market rate prices. (Several of our Board of Directors are affiliated with the hotel or restaurant industry on Kauai). Their needs are currently being filled by imported foods (over 90% of all food is imported on Kauai); however, they desire to serve fresh, local produce and support local farmers and community interests.

In Anahola there are about 100 Hawaiian farmers living on three acre farm lots, a part of the Hawaiian Homelands agriculture subdivision. Because of their size and the lack of organized marketing opportunities, the Hawaiian Homelands project has not produced the level of economic activity anticipated.

The Kauai Food Bank has been donated the use of a three acre site in Hawaiian homelands, however, we have been unable to work the entire site, due to financial constraints. Our goal is to secure a one-time infusion of funds to farm the entire site; grow food for our clients; and become a self-sustaining agency by selling produce to the hotel and tourist resorts who wish to support us. Our vocational rehabilitation program could then be expanded to provide job training opportunities for our ~~usual volunteers and the hundreds of people~~ recently displaced by the closing of the sugar plantations. And finally, we can empower and expand the business development activities of the Native Hawaiian Farmers by sharing our marketing connections and acting as the conduit for their foods to a new market. In this way, our agency can become financially self-sufficient; our clients will gain important skills in diversified agriculture; and the larger Hawaiian community will profit in a way that links several sectors of the local food system and food sectors in an innovative fashion.

This program has already earned the support of almost one hundred agencies or businesses, including the 80 non-profit member agencies (see Fact Sheet, Attachment I); the warden at the Kauai Community Correctional Facility; Wilcox Hospital; and the Native Hawaiian Health Organization (Ho'ola Lahui Hawaii). Technical support has been provided by the University of Hawaii, College of Tropical Agriculture.

The island of Kauai with a current population of about 55,000 imports more than 90% of all its foods; however, in ancient Hawaiian days, with a population of over 200,000, the island was totally self-sufficient in foods. With the official unemployment rate at about 13%, and the sugar plantations rapidly closing, we are at a cross-roads in our island's economic development. We have the land and water resources, labor pool, marketing connections, and organizational skills to make a significant difference in the local food delivery system. All that we lack is the one-time infusion of capital to become self-sustaining.

The total two year cost of this project is about \$200,000, but we already have about \$125,000 in cash and in-kind contributions. With a USDA grant of about \$80,000 over a two year period, we can attain all of our goals and provide a model for the entire State of Hawaii and all of the Food Banks therein.



# Withdrawal/Redaction Marker

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| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                  | DATE       | RESTRICTION |
|--------------------------|------------------------------------------------|------------|-------------|
| 013. form                | re: Application for Funding [partial] (1 page) | 08/22/1996 | b(6)        |

**COLLECTION:**

Clinton Presidential Records  
AmeriCorps  
General Files  
OA/Box Number: 24232

**FOLDER TITLE:**

Food Security Act [3]

2013-0661-F  
rc3112

**RESTRICTION CODES**

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.  
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).  
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

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UNITED STATES DEPARTMENT OF AGRICULTURE  
COOPERATIVE STATE RESEARCH, EDUCATION, AND EXTENSION SERVICE

| FOR CSREES USE ONLY |               |
|---------------------|---------------|
| PROGRAM AREA CODE   | PROPOSAL CODE |

**APPLICATION FOR FUNDING**

OMB Approved 0524-0022  
Expires 5/31/98

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                   |                                                                                      |                                                                                                                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|
| 1. LEGAL NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE<br><br>Missoula Nutrition Resources                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 3. NAME OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE<br><br>Mary Pittaway<br>President, Missoula Nutrition Resources                                                                                                               |                                                                                      | 4. a. PHONE NUMBER (Include Area Code)<br>(406) 523-4740<br>b. FAX NUMBER<br>(406) 523-4913<br>c. INTERNET ADDRESS |  |
| 2. ADDRESS (Give complete mailing address and Zip Code-including County)<br><br>301 W. Alder<br>Missoula, MT 59802 (Missoula County)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 5. ADDRESS OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (If different from item 2.)<br><br><b>96-04707</b>                                                                                                                         |                                                                                      |                                                                                                                    |  |
| 6. TITLE OF PROPOSED PROJECT (80-character Maximum, including spaces)<br><br>Garden City Harvest Project                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                      |                                                                                                                    |  |
| 7. PROGRAM TO WHICH YOU ARE APPLYING (Refer to Federal Register Announcement where applicable)<br><b>COMMUNITY FOOD PROJECTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                   | 8. PROGRAM AREA AND NUMBER (Refer to Federal Register Announcement where applicable) |                                                                                                                    |  |
| 9. IRS EIN<br>(b)(6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 10. CONGRESSIONAL DISTRICT NO.<br>MT has only one                                                                                                                                                                                 |                                                                                      | 11. PERIOD OF PROPOSED PROJECT DATES<br>From: 11-1-1996 Through: 10-1999                                           |  |
| 12. TYPE OF REQUEST (Check only one)<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement <input type="checkbox"/> Resubmission<br><input type="checkbox"/> Continuing Increment <input type="checkbox"/> PI Transfer (PRIOR USDA Award No. _____)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 12. DURATION REQUESTED<br>3 years                                                                                                                                                                                                 |                                                                                      |                                                                                                                    |  |
| 13. PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S)<br><br>a. P/PI #1 Name (First, Middle, Last) SS #* (Correspondent PI)<br>Mary Feuersinger-Pittaway (b)(6)<br><br>b. P/PI #2 Name (First, Middle, Last) SS #*<br>Josh Slotnick (b)(6)<br><br>c. P/PI #3 Name (First, Middle, Last) SS #*<br>Caitlin DeSilvey (b)(6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 14. FUNDS REQUESTED (From Form CSREES-55)<br><br>100,000                                                                                                                                                                          |                                                                                      |                                                                                                                    |  |
| 15. a. P/PI #1 PHONE NUMBER (Include Area Code)<br>(406) 523-FOOD<br>b. FAX NUMBER: (406) 523-4913<br>c. INTERNET ADDRESS: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 17. P/PI #1 BUSINESS ADDRESS (Include Department/Zip Code)<br>Missoula Nutrition Resources<br>301 W. Alder<br>Missoula, MT 59802                                                                                                  |                                                                                      |                                                                                                                    |  |
| *Submission of the Social Security Number is voluntary and will not affect the organization's eligibility for an award. However, it is an integral part of the CSREES information system and will assist in the processing of the proposal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                   |                                                                                      |                                                                                                                    |  |
| 18. TYPE OF PERFORMING ORGANIZATION (Check one only)<br>01 <input type="checkbox"/> USDA/ARS Laboratory<br>02 <input type="checkbox"/> Other Federal Research Laboratory<br>03 <input type="checkbox"/> State Agricultural Experiment Station (SAES)<br>04 <input type="checkbox"/> Land-Grant University 1862<br>05 <input type="checkbox"/> Land-Grant University 1890 or Teaching University<br>06 <input type="checkbox"/> Private University or College<br>07 <input type="checkbox"/> Public University or College (Non Land-Grant)<br>08 <input type="checkbox"/> Private Profit-making<br>09 <input type="checkbox"/> Private Non-profit<br>10 <input type="checkbox"/> State or Local Government<br>11 <input type="checkbox"/> Vocational School or College<br>12 <input type="checkbox"/> 1864 Institution<br>13 <input type="checkbox"/> Hispanic-serving Institution<br>14 <input type="checkbox"/> Other (Specify)<br>15 <input type="checkbox"/> Individual |  | 19. WILL THE WORK IN THIS PROJECT INVOLVE RECOMBINANT DNA?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-662)                                                              |                                                                                      |                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 20. WILL THE WORK IN THIS PROJECT INVOLVE LIVING VERTEBRATE ANIMALS?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-662)                                                    |                                                                                      |                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 21. WILL THE WORK IN THIS PROJECT INVOLVE HUMAN SUBJECTS?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-662)                                                               |                                                                                      |                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 22. WILL THIS PROJECT BE SENT OR HAS IT BEEN SENT TO OTHER FUNDING AGENCIES, INCLUDING OTHER USDA AGENCIES?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list Agency acronym(s) & program(s)). |                                                                                      |                                                                                                                    |  |

By signing and submitting this proposal, the applicant is providing the required information set forth in 7 CFR Part 2017, as amended, regarding Information and Document and Drug-Free Workplace and 7 CFR Part 2018 regarding Laboratory. Submission of the individual forms is not required. (Please read the Certifications and Instructions included in this kit before signing this form.)

In addition, the applicant certifies that the information contained herein is true and complete to the best of its knowledge and except as to any award, the obligation to comply with the terms and conditions of Cooperative State Research, Education, and Extension Service in effect at the time of the award.

|                                                                                                                                                                                                              |  |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|
| SIGNATURE OF PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S) (All P/PI's listed in block 15 must sign if they are to be included in award documents.)<br><i>Mary Pittaway - Administrative Director - GCIT</i> |  | DATE<br>8-22-96    |
| SIGNATURE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (Same as item 3)<br><i>Mary Pittaway, President Missoula Nutrition Resources</i>                                                                       |  | TITLE<br>President |
| DATE<br>8-22-96                                                                                                                                                                                              |  |                    |



## II. Project Summary

### GARDEN CITY HARVEST PROJECT (GCH) SUMMARY

Project Directors      Mary Pittaway, MA, RD  
                             Josh Slotnick, MS  
                             Caitlin DeSilvey, BS

Applicant Agency      Missoula Nutrition Resources (MNR)

Through initiation & development of a community farm, neighborhood & back-yard gardens & using sustainable agriculture methods, the MNR-GCH will:

- grow, harvest, glean & distribute fresh & wholesome produce to people in need
- educate the community in the art, science & practice of sustainable agriculture, nutrition & self-reliance
- reduce dependence on outside sources of fresh produce
- provide meaningful community service & volunteer opportunities which complement Montana's welfare reform strategy by encouraging work-site promotion of self-reliance and by addressing identified community needs.

The project provides skills training and/or jobs; increases participants' understanding of the food system, including production, distribution, marketing; expands interest in good nutrition; provides entrepreneurial training opportunities for welfare recipients; develops a working link between the community farm & area farmers to market fresh produce to our community through community-supported agriculture.

#### GCH Partners

Missoula Extension Service  
Missoula City-County Health Department  
Missoula Office of Grants & Planning  
Historical Museum at Fort Missoula  
Missoula Department of Parks & Recreation  
Big Sky High School Vo-Ag Program, Future Farmers of America  
Missoula County Justice Department-Community Service Program

Montana State University Extension Service  
University of Montana  
Montana Department of Health and Human Services, Office of Human Services

Missoula Urban Demonstration Project  
Montana Food Bank Network  
Mormon Bishops Storehouse & Cannery  
Women's Resource & Opportunity Development  
Montana Hunger Coalition  
Human Resource and Development Council  
Missoula Chamber of Commerce  
Montana Public Health Association  
Area Agency on Aging  
Community Food Security Coalition  
Missoula Chamber of Commerce  
Western Economic Development Group  
Missoula Child Care Resources  
Missoula Food Bank, Inc.

Clark Fork Organics  
Quality Supply  
Garden City Seeds