



Before filling out this form, please read the request for applications at <https://www.epa.gov/smartgrowth/local-foods-local-places-2019-2020-application>

### Lead Organization:

**Project Location** City:

State:

County:

City Population (See: <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>):

**Point of Contact** (must be available for duration of project to lead coordination of local participation and interact with the planning assistance team)

First Name:

Last Name:

Position/Title:

Email:

Phone Number:

### Special Designation (if applicable)

Opportunity Zone (See: [www.cdfifund.gov/Pages/Opportunity-Zones.aspx](http://www.cdfifund.gov/Pages/Opportunity-Zones.aspx))

Tribe (please identify)

In the space below, explain your interest in the Local Foods, Local Places program. You should include answers to the following:

- What is the project's geographic scope (e.g., neighborhood, city-wide)? What is the area's demographic makeup and economic condition? If the project involves a particular building or site, please include its address.
- What challenges does your community face around downtown or neighborhood revitalization?
- What actions has your community taken so far to overcome these challenges?
- How do you propose to use local foods as a strategy to help address some of these challenges?
- How would a community workshop through Local Foods, Local Places help you achieve your goals?
- What will be the environmental benefits of achieving your goals? Does this work build on any past environmental work, e.g., a brownfields assessment or cleanup?
- What other partners will be involved in planning and implementing your action plan, such as public agencies and institutions, non-governmental organizations, foundations, businesses, agricultural producers, and residents? Will elected officials be supportive?
- What other assistance related to this project has your organization and/or community received? How have you been able to use that assistance to advance your goals?
- If you are in an Opportunity Zone, how will this assistance help you leverage that designation to implement your action plan?

Your response must fit in the two boxes below. Text does not automatically flow from one box to the next. You must click on each box.

