



Harvard Pilgrim  
Health Care



Harvard Pilgrim Healthcare Foundation

Matching Grant for Berlin Farmers' Market Vendors

Please fill out completely and sign before submitting.

\*This first round of applications is intended for new grant applicants only. Previous participants are encouraged to apply in round two.

Business or Farm Name: \_\_\_\_\_

Owner/Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Website \_\_\_\_\_ Facebook: Yes \_\_\_\_\_ No \_\_\_\_\_

Products (brief description) \_\_\_\_\_

How long have you been in business? \_\_\_\_\_

Have you sold your products at the Berlin Farmers' Market in the last 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you sold at any other farmers' markets? Please list \_\_\_\_\_

If you received a \$500 grant from WREN, what would you use it for? (Must be for equipment, supplies, marketing materials or other expenses related to selling at the Berlin Farmers' Market)

\_\_\_\_\_

\_\_\_\_\_

What do you have as 100% match (up to grant amount): New investment \_\_\_\_\_

Existing equipment \_\_\_\_\_

Are you willing to commit to attend the entire season of Berlin markets? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like to receive an opportunity for possible extra sales through participating in the SNAP program by accepting EBT (food stamps)? Yes \_\_\_\_\_ No \_\_\_\_\_

Approximate size of selling area needed (frontage)? \_\_\_\_\_

Are you a current WREN member? Membership at the business level (\$50 per year) is required to receive the grant and sell at WREN sponsored farmers' markets. Yes \_\_\_\_\_ No \_\_\_\_\_

Please sign below.

Signature \_\_\_\_\_

Please Print Contact Name and Business Name \_\_\_\_\_

Submit by mail to WREN PO Box 331, Bethlehem, NH 03574