



CITY OF CHELSEA

Chelsea Neighborhood Market & Food Business Grant Application

This grant opportunity is open to Chelsea-based food businesses and first-time entrepreneurs interested in becoming vendors at the Chelsea Neighborhood Market in 2024.

Please submit completed applications online or in-person at City Hall, 500 Broadway, Room 101.

APPLY BY APRIL 9, 2024 FOR FIRST CONSIDERATION.

APPLICATIONS ARE ACCEPTED ON A ROLLING BASIS UNTIL FUNDING IS EXPENDED.

For additional information about the grant please call 311 (617-466-4209) or email Anna Bury Carmer (abury@chelseama.gov)

Applicant Information

1. Your name: _____
2. Your address: _____
3. Contact # and email: _____
4. Do you currently own or operate a Chelsea-based food business? Y N
If yes, please complete the Business Information section on page 3 below.
5. Are you a first-time entrepreneur interested in starting a Chelsea-based food business? Y N
Note: If you currently work at a food business but intend to sell independently (e.g., not using the name of the business and not getting paid by the business for your time selling at the Chelsea Neighborhood Market), please select yes and complete the remainder of the application for yourself and not the business you work for.
6. Do you live in Chelsea? Y N

Chelsea Neighborhood Market Business Plan

Please answer the following questions or attach a separate business plan that addresses the following questions.



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1. What products do you plan to sell? _____
2. Do you already have partnerships established to source products? Y N
3. Do you plan to sell products that you or your business grows, processes, or prepares? Y N
Note: All prepared products must be prepared in a licensed commercial kitchen.
4. If you are a first-time entrepreneur, what experience in food procurement, food retail, or related areas has prepared you to be a Chelsea Neighborhood Market vendor?

5. If you are a first-time entrepreneur, in what areas are you interested in receiving support?

Sourcing products Y N

Marketing Y N

Budgeting Y N

Long-term planning Y N

Other _____

6. Please check all that apply:

Hispanic, Latino, Black, African American, Indigenous, Asian American, Native Hawaiian, or Pacific Islander entrepreneur or business owner Y N

Female entrepreneur or business owner Y N

Veteran entrepreneur or business owner Y N

Chelsea resident entrepreneur or business owner Y N



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Chelsea Neighborhood Market Budget

Applicants may seek up to \$10,000. Please answer the following questions or attach a separate budget that addresses the following questions.

1. Please describe how you would use the funds requested for establishing and operating a vendor stall at Chelsea Neighborhood Market?

Note: Typical expenses may include portable tables, product displays, pop-up tent(s), a point-of-sale (POS) system, and food storage and transportation to and from the market site, and fees for all necessary state and municipal permits.

2. Amount of funding requested: \$ _____
(Funds may not be available to fully satisfy all requests.)

Business Information (for Current Food Business Owners only)

1. Name of Business: _____
2. Business Address: _____
3. Type of Business: _____
4. Name(s) of Owner(s): _____
5. Contact # and email: _____
6. Is the business a franchise? Y N
7. How many employees do you have currently? Full-time: _____ Part-time: _____

Disclosures

1. Are you or any family members a municipal employee or locally appointed official? Y N
2. Do you or any family members currently work as a consultant or agent to the community? Y N



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3. Do you or any family members currently work for another agency that administers City funded programs for the community? Y N

4. If yes, please list your current position and agency or department: _____

Demographics

This information is not required, but it is requested for statistical purposes. It will not affect your ability to receive financing.

Gender: Female Male Non-binary

Are you 60 years of age or older? Yes No

Are you a female and the head of your household? Yes No

Veteran Status: Veteran Non-Veteran

Disability: Yes No

Race/Ethnicity: (check all that apply)

Alaska Native American Indian Asian Black Hispanic/Latinx

Native Hawaiian Pacific Islander White Other

Conditions of Program

- I/we authorize the City of Chelsea and its Representatives to verify all information provided herein, and authorize them to investigate this information.
- I/we understand that personal, business, and financial information on file with the City of Chelsea and its Representatives is kept confidential to the extent allowed by law.
- I/we understand that the City of Chelsea and its agents may use and share data collected through this program in aggregate forms to better understand the local economic environment, while protecting personally identifiable information.
- I/we agree to engage and respond to correspondences and communication from City of Chelsea and Program Staff in a timely fashion.
- I/we understand that funds under this program are grants that will be not need to be repaid if all grant terms and conditions are met.

7. I/we agree to these conditions: Yes No



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Signature

All applicants must sign the application. If applying as a jointly-owned business, all owners must sign.

I certify that all of the information provided is true, complete, and accurate to the best of my understanding and knowledge. I understand that providing false information will disqualify my application.

Applicant/Owner Name: _____ Date: _____

Signature: _____

Applicant/Owner Name: _____ Date: _____

Signature: _____

Applicant/Owner Name: _____ Date: _____

Signature: _____