



STATE OF MISSOURI  
DEPARTMENT OF AGRICULTURE  
AG BUSINESS DEVELOPMENT DIVISION

**FY26 URBAN AGRICULTURE COST-SHARE GRANT PROGRAM – APPLICATION**

(Due September 15, 2025)

**APPLICANT INFO:**

INDIVIDUAL/ORGANIZATION NAME (financially responsible for project):

PHYSICAL ADDRESS OF PROJECT

CITY

STATE

ZIP CODE

COUNTY

MAILING ADDRESS (if different from physical)

CITY

STATE

ZIP CODE

**PRIMARY POINT OF CONTACT**

NAME

TITLE

PHONE

EMAIL ADDRESS

**GRANT DETAILS:**

**Purpose:** To provide individuals, groups of individuals, organizations, or businesses reimbursement for 75% of eligible expenses for projects that assist small agribusinesses within Missouri's urban areas. *Projects must reside within an urban area as defined by the U.S. Census Bureau.*

**Award Amount:** 75% of total project expense, up to \$10,000.

**Application Deadline:** **September 15, 2025**

**Award Date:** Mid-October 2025

**Important Deadlines:** 1.) MOVERS registration must be completed by **Monday, December 1, 2025**  
2.) Supply Reimbursement Request Form due **March 31, 2026**.  
3.) Final Report & Documents due **May 15, 2026**.

Please review the **Urban Agriculture Cost-Share Grant Program Guidelines**, located on our website, for full program details including eligibility, restrictions, timeline, and project examples.

**SCORING CRITERIA:** (100 Points Possible)

**Credibility and Merit:** (30 Points Possible) Projects should meet the intent of the grant, offering a clear scope of work that addresses urban agriculture. Applicants should show previous history of related projects, with a foundation of business that will allow for the completion of the project. In cases where delivery is dependent upon volunteers or consumers, commitment and demand must be demonstrated.

**Impact Potential:** (50 Points Possible) Projects must clearly define the impact to urban areas and be able to demonstrate workforce development or promote agriculture in urban areas. Projects should quantify the number of persons directly impacted including producers, consumers and the size of the neighborhood or community the project will serve.

**Timeliness:** (10 Points Possible) Projects must demonstrate a feasible work plan and clear timeline for completion. Projects will be evaluated on the immediacy of impact to the urban areas.

**Partner Support:** (10 Points Possible) Projects must show community support through a minimum of two letters of support defining reasons the applicant should receive funding.

**PROJECT TITLE**

Please provide a descriptive title in 10 words or less.

**PROJECT DESCRIPTION**

Please provide a brief summary of your project. *(Two sentences max)*

**APPLICANT DESCRIPTION**

Please provide a short description of you or your organization's goals, background, and examples of other successful grant projects.

**Is this project a continuation of a previously funded Urban Ag Grant project?**

If yes, please provide what year(s) you received funding in the space below.

☐ Yes☐ No**PROJECT NEEDS**

In the space below please identify the specific need(s) that this project will address in the food insecure area.

**MEASURABLE OUTCOMES**

Please answer the following questions using approximate numbers.

1. How many individuals within the urban area will be impacted by this project? \_\_\_\_\_
2. How many pounds of food will be produced/distributed following this project's completion? \_\_\_\_\_
3. Does this project provide a new service to the urban area? \_\_\_\_\_

**WORK PLAN**

Please give a brief description of the work plan, including a timeline.

START DATE:

PROJECTED END DATE:

**EXTERNAL SUPPORT**

Please attach at least 2 letters of support with this application. List them below.

- |    |       |                        |
|----|-------|------------------------|
| 1. | _____ | _____                  |
|    | Name  | Title and Organization |
| 2. | _____ | _____                  |
|    | Name  | Title and Organization |

**BUDGET SUMMARY:**

In the table provided, please list items that will be purchased to accomplish this project along with the approximate cost.  
*See Grant Guidelines for examples of eligible and ineligible items.*

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[illegible]

*Budget items may only be reimbursed by a single Missouri Department of Agriculture financial award.*

#### AKNOWLEDGEMENTS:

Awarded applicants will be notified within 30 days of the grant application deadline.

Grantees will be responsible for meeting ALL the following requirements before **May 15, 2026**:

##### **Required Registration:**

1. Grantee must register as a vendor with the State of Missouri through the [MOVERS](#) web portal and be in "Approved" status by **December 1<sup>st</sup>, 2025**
2. Grantee must be registered to do business in Missouri and be in good standing with the Secretary of State, if applicable. Visit [sos.mo.gov](https://sos.mo.gov) for more information.
3. Grantee shall provide MDA a Certificate of No Tax Due. This certificate can be requested online at <https://mytax.mo.gov/> or by completing and submitting a [Form 943](#) to obtain a tax clearance certificate (valid for 90 days) from the Missouri Department of Revenue for each owner and the business. For more info, visit <https://dor.mo.gov/business/sales/notaxdue/>.
4. Grantee shall enroll in E-Verify and provide a copy of the MOU as proof. <https://www.e-verify.gov/>.

**Reimbursements will be made once ALL requirements have been met and a final report has been submitted by MDA staff.**

#### APPLICATION SUBMISSION:

To be considered for FY26 funding, MDA must receive your application no later than **September 15, 2025 at 11:59 p.m.** Late or incomplete applications will not be considered for funding.

Application should be submitted to the following:

**Email:** [Grants@mda.mo.gov](mailto:Grants@mda.mo.gov)  
Missouri Department of Agriculture  
ABD – Food Insecure Grant

**Any Questions** – please call 573-751-7794 or email [Grants@mda.mo.gov](mailto:Grants@mda.mo.gov)

By signing below, the applicant declares the information provided in this Grant Application is true and correct to the applicant's understanding.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date