

Massachusetts Restaurant Meals Program

Application Questions

The purpose of this document is to provide the list of application questions in advance for applicants to review and prepare any necessary materials. Applications can be completed online [here](#). If you need help understanding these questions or completing the application form, [please send an e-mail](#).

Background

The SNAP Restaurant Meal Program (RMP) allows older adults (age 60 or over), homeless individuals, and those with disabilities to purchase food using their Supplemental Nutrition Assistance Program (SNAP) benefits at authorized restaurants and food trucks which offer reduced-price meal options. The RMP was created specifically to support populations that typically encounter access barriers and challenges with being able to purchase, store and prepare food. Its goal is to increase the accessibility of SNAP by providing additional nutritious meal choices to eligible SNAP recipients that may not be able to cook for themselves.

DTA is seeking applications from qualified restaurants and food trucks across the state to participate in the state's **pilot phase** of RMP implementation. The application period for the pilot phase will be open **from June 1, 2022 to September 30, 2022**. Only restaurant applications submitted within this period will be eligible for participation in the pilot phase. Applications submitted during this period but are not selected may be considered and included in reviews for future phases of the program.

While all restaurants may apply, participation will be limited during the pilot phase to restaurants and food trucks that are:

- Locally and privately-owned;
- Not part of a restaurant conglomerate or multi-unit chain (including franchises); and
- Provide counter-based service and payment.

Read the RMP Notice of Opportunity to learn more about the RMP and the program requirements.

We will contact you if you have been approved to participate in the RMP or if we need any additional information regarding your application. Please do not contact DTA regarding the status of your application.

Contact Information

Please complete the questions below for the primary point of contact for this application.

1. **Who will be the primary contact person for this application?**
We will be contacting this person with any follow up questions as well as with instructions for setting your restaurant/food truck up for the RMP if your business is approved.
2. **What is the person's role in relation to the restaurant/food truck or the business owner?**
For example: Business owner, restaurant/food truck manager, family member
3. **What is the primary contact's phone number?**
Please enter the best phone number for us to reach you if we have any questions about your application.
4. **What is the primary contact's e-mail address?**
Please enter the best e-mail address for us to reach you if we have any questions about your application.
5. **What is the primary contact's preferred method of communication?**
 - ☐ Phone
 - ☐ E-mail
6. **What are the primary contact's preferred pronouns?**
Check all that apply
 - ☐ He/him/his
 - ☐ She/her/hers
 - ☐ They/them/theirs
 - ☐ Prefer not to say
 - ☐ Other: _____

Restaurant/Food Truck Location

7. **Are you applying for a single restaurant/food truck at a single location, or multiple restaurants/food trucks that share the same name and menu?**
*If you are applying for multiple restaurants/food trucks, you only need to **submit a single application** if all of the locations share a name and menu. You must **submit separate applications** if your restaurants/food trucks have different names and menus.*
 - ☐ Single restaurant/food truck
 - ☐ Multiple restaurants/food trucks

If "single restaurant" selected in #7

8. **What is the name of the restaurant/food truck for which you are applying?**

9. Enter this restaurant's/food truck's Corporate Address

The Corporate Address refers to the address used for any business licenses.

10. Please select the type of restaurant for which you are applying.

- ☐ A brick-and-mortar restaurant
- ☐ A food truck
- ☐ Both (a brick-and-mortar restaurant with an associated food truck)

11. Is the physical address of your brick-and-mortar restaurant the same as its Corporate Address? (If applicable)

The Corporate Address refers to the address used for any business licenses.

- ☐ Yes, the Corporate Address is the same as the physical address
- ☐ No, the Corporate Address is different than the physical address

12. Enter the brick-and-mortar restaurant's physical address (If applicable)

Please use the standard address format of "Street, City, Zip Code".

For example: "123 Main Street, Boston, 02111"

13. List the towns serviced by your food truck and the approximate number of hours per week the food truck spends servicing each area. (If applicable)

Please separate each location and hour pairing with a dash.

For example "Lowell 10 - Chelsea 20 - Boston 5" etc.

If "multiple restaurants" selected in #7

14. What is the name of the restaurant chain/food trucks for which you are applying?

15. Enter this restaurant/food truck group's primary Corporate Address

The Corporate Address refers to the address used for any business license(s).

16. Please select the type of restaurants for which you are applying.

- ☐ Group of brick-and-mortar restaurants
- ☐ Group of food trucks
- ☐ Both (a combination of brick-and-mortar restaurants and food trucks)

17. List the physical addresses for each brick-and-mortar restaurant location for which you are applying. (If applicable)

Please use the standard address format of "Street, City, Zip Code" and use a dash (-) to separate each entry.

For example: "123 Main Street, Boston, 02111 - 456 East Street, Brookline, 02447 - " etc.

18. List the towns serviced by your food trucks and the approximate number of hours per week the food trucks spend servicing each area. (If applicable)

Please separate each location and hour pairing with a dash.

For example "Lowell 10 - Chelsea 20 - Boston 5" etc.

Restaurant Business Model and Ownership

19. What is your restaurant/food truck's ownership model?

Check all that apply

- ☐ Sole proprietorship
- ☐ Partnership
- ☐ Chain
- ☐ Franchise
- ☐ Co-op (cooperative business)
- ☐ None of the above
- ☐ Other: _____

20. Is your restaurant/food truck owned by an individual or an ownership group/corporation?

- ☐ An individual
- ☐ An ownership group/corporation

If "individual" selected in #20

21. What is the restaurant/food truck owner's name?

22. The restaurant/food truck's owner is...

Check all that apply

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Non-binary
- ☐ Prefer not to say
- ☐ Other: _____

23. The restaurant/food truck's owner is...

Check all that apply

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Prefer not to say
- ☐ Other: _____

24. The restaurant/food truck's owner...

Check all that apply

- ☐ Has a disability
- ☐ Is a veteran
- ☐ Neither, or prefer not to say

☐ Other: _____

25. The restaurant/food truck's owner is...

Check all that apply

- ☐ A Massachusetts resident
- ☐ An out-of-state resident
- ☐ Other: _____

If “group/corporation” selected in #20

26. What are the names of the members of the restaurant/food truck ownership group?

If there are multiple owners, please list all of their names. If owned by a private or public corporation, please enter the name of the corporation.

27. The restaurant/food truck ownership group includes members who are...

Check all that apply

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Non-binary
- ☐ Prefer not to say
- ☐ Other: _____

28. The restaurant/food truck ownership group includes members who are...

Check all that apply

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Prefer not to say
- ☐ Other: _____

29. The restaurant/food truck ownership group includes members who...

Check all that apply

- ☐ Has a disability
- ☐ Is a veteran
- ☐ Neither, or prefer not to say
- ☐ Other: _____

30. The restaurant/food truck ownership group includes members who are...

Check all that apply

- ☐ A Massachusetts resident

- ☐ An out-of-state resident
- ☐ Other: _____

Accessibility

31. What forms of payment does your restaurant/food truck accept?

- ☐ We accept cash only
- ☐ We accept credit/debit cards only (no cash)
- ☐ We accept both cash and credit/debit

32. Please describe how your restaurant/food truck addresses accessibility barriers faced by clientele who are older adults or have a disability.

Check all that apply

- ☐ Wheelchair-accessible entrances
- ☐ Handicapped parking nearby
- ☐ Curbside pickup option(s)
- ☐ Large print menus
- ☐ N/A
- ☐ Other: _____

Food and Menu

33. As a requirement of the program, participating restaurants/food trucks need to offer reduced-priced meal option(s). The restaurant/food truck will meet the reduced-price meal requirement by...

Check all that apply

- ☐ Consistently offering a reduced-price meal (e.g., a separate low-cost menu or daily lunch special)
- ☐ Offering a rewards program (e.g., a free meal after a certain number of purchases)
- ☐ Reducing all menu items by a flat percent (e.g., 5%)
- ☐ Other: _____

34. Please describe in detail how your restaurant(s)/food truck(s) will meet the reduced-price meal requirement.

35. What is your average meal price?

36. Why is your menu good value for SNAP clients who are homeless, older adults, or have a disability?

37. Do you offer any healthier meal items and/or side dishes on your menu? If so, please describe these items (e.g., preparation, ingredients). Are these healthier options made available at equal or lower prices than other similar options?

38. Please provide a link to a menu online or to a photo of your menu (if available).

If a link is not available, you can send a photo of your menu [here](#) with your restaurant/food truck's name in the subject line

Ties with Local Community and Cultural Connection

39. How do you ensure ethnically diverse customers have a quality experience at your restaurant/food truck?

40. Are you able to provide services in languages other than English? If so, please list the language(s) and the services you provide for each.

For example: Multilingual staff, translated menus/signage, etc.

41. How long has your business operated in the communities you (hope to) serve? In that time, have you developed partnerships with other local businesses or community groups? Please describe.

42. Are you able to provide culturally relevant menu items for the community you serve? If so, please tell us what kinds of food you provide and explain how it is culturally relevant to the communities/areas you will serve.

43. Why do you want to participate in the Restaurant Meals Program?