Iowa Department of Natural Resources
Kayla Lyon, Director

SOLID WASTE ALTERNATIVES PROGRAM

Food Storage Capacity Grant Offering Guidelines

The Iowa Department of Natural Resources is offering grants to non-profit food banks and food pantries and other non-profit entities receiving donated food for distribution to food insecure Iowans. Up to $150,000 is available to award to selected applicants. Preference will be given to entities not receiving funding assistance through the previous Food Storage Capacity grant offer and projects that will accept additional perishable and non-perishable food donations that otherwise would be declined for lack of storage capacity.

Individual awards of up to $8,000 in grant funding is available, on a competitive basis, for projects seeking:

- additional storage (i.e. shelving) to facilitate managing donated food; and
- additional cold storage to increase the availability of perishable food items and to minimize the loss of perishable food items prior to distribution to food insecure Iowans. Freezers and refrigerators must be **Energy Star** rated. Walk-in coolers, and freezers and other commercial or industrial equipment not **energy** Star rated, must be energy efficient as identified by the Dept. of Energy.

Applicants must use the DNR provided grant application. Applications will be reviewed on an on-going basis until available funds have been awarded.

Projects funded under this grant offering are required to enter into an agreement with the DNR and provide a final report summarizing the project and project results. The final report may include, but is not limited to, the number of people/families served, the amount of food distributed, the increase in acceptance of donated food made possible by increased storage capacity and the resulting decrease in spoiled perishable food items landfilled.

Applicants receiving funding **must** follow applicable food safety guidelines.

Applicant Eligibility

Eligible applicants include non-profit food banks and food pantries and other non-profit organizations responsible for accepting and donating edible food to food insecure Iowans.

The Department reserves the right to verify any information presented in the application. If an applicant is selected to receive financial assistance, an offer of financial assistance may be rescinded if the applicant is determined to be out of compliance with local, state or federal regulations or does not meet the conditions of eligibility.

Proposal

Proposals for financial assistance must be submitted electronically through the Land Quality Bureau and must use the application forms and format provided herein. Electronic proposals must be submitted with the subject line "**Food Storage Capacity Grant Offer**" to tom.anderson@dnr.iowa.gov.

Proposals submitted for financial assistance consideration are not guaranteed funding.

Financial assistance offers may be less than the full amount requested by the applicant.

Proposals are considered public information and are available for review upon request.

Proposals **must be** signed by an authorized representative of the applicant

A current W9 form will be required of applicants awarded grant funding.

Iowa Waste Exchange (IWE) representatives are available to discuss your project and assist with proposal writing upon request. To find the IWE representative serving your area of the state, go to www.iowadnr.gov/faba and click on Iowa Waste Exchange (IWE).

Direct questions regarding the Food Storage Capacity Grant Offering to Tom Anderson, tom.anderson@dnr.iowa.gov.

Proposal Submission Guidelines

Proposals should contain sufficient detail for reviewers to visualize and understand the project in its entirety. Applicants must:

- Submit a **signed**, original completed electronic proposal;
- Utilize forms contained herein;

Proposal Review

- Proposals will be reviewed and funding decisions made within approximately 30 to 45 days.
- If a proposal is determined to be incomplete, the proposal may be rejected.
- Based upon review of proposals, additional information may be requested for projects meriting further consideration. A request for additional information does not guarantee funding.
- Award recipients shall enter into an agreement with the Department of Natural Resources, signed by both parties. A fully executed agreement must be completed prior to incurring costs for which awarded funds will be claimed for reimbursement.

Eligible Expenses

Applicants may request financial assistance for the purchase, delivery and installation of:

- Shelving to properly store donated food items prior to distribution;
- Cold storage **Energy Star** rated freezers and refrigerators; and
- Cold storage, energy efficient walk-in coolers, and freezers and other commercial or industrial equipment designed to extend the shelf life of donated perishable food items for distribution to food insecure Iowans.

Award Disbursement and Agreement Requirements

Funds will be released on a reimbursement basis after a correctly completed Grant Expense Sheet (Department provided) and supporting documentation (i.e. invoice, cancelled check, etc.) has been submitted to the Department for payment.

Project costs incurred prior to an executed agreement or costs not identified in the agreement budget are ineligible for reimbursement.

Projects selected to receive financial assistance must:

- enter into an agreement with DNR within 1 month of grant award notification;
- provide a current W9 form; and
- submit a correctly completed Grant Expense Sheet claiming grant reimbursement within three (3) months from the start date of the executed agreement between the applicant and the DNR.

Failure to meet the above conditions may result in the DNR rescinding any financial assistance offer in the absence of prior written approval between the grant recipient and the Department.

Food Storage Capacity Grant Offering Application

Applicant: _____ Application Date: _____

Contact Name: _____ Contact Telephone: _____

Contact Email: _____

Applicant Address: _____

Mailing Address (if different): _____

Project Purpose: _____

Project Service Area: _____

Address of Cold Storage Unit(s) and/or Shelving: _____

Number of Years Distributing Donated Food: _____

Funding Amount Requested: _____

Cost Share Amount: _____ (not required but encouraged)

Total Project Cost: _____

Evaluation Criteria

Proposal review and project merits will be based on the proposal's narrative addressing the following criteria. There is a limit of 3,000 characters per evaluation criteria response.

Project Need Description: Describe why additional storage/cold storage is needed by your organization.

Project Goals: Identify up to three main goal(s) for the proposed project and steps to achieve these goals.

1.

2.

3.

Measuring Goals: Describe how meeting project goals will be measured.

Impact on Number of People Served, Pounds of Food Distributed and Operations Efficiencies: Describe how and extent to which the project will impact the number of people served, food accepted and distributed and organization and operations.

Number of People Served _____

Pounds of Food Distributed _____

Goal of Additional Pounds of Food Accepted _____

Operational Efficiency Impact _____

Milestones

List Project Tasks or Activities planned:

Task or Activity	Planned Begin Date	Planned End Date	Responsible Party

Estimated date project to be fully operational: _____

Budget

Budget Item & Quantity	Request Amount	Cost Share (not required)	Total Cost

Budget Narrative

Detail each budget item for which funding assistance is requested, why this item(s) was chosen and its role in the proposed project. Cold storage items **must be** Energy Star rated.

Signature

I affirm the information provided on this Application is true, and that I will provide all other information requested for further substantiation. I agree that if awarded financial assistance for a project(s), I will execute the contract the DNR provides for conveying those funds, which will include but not be limited to conditions for expending those funds, and for making reasonable accounting of those expenditures.

In order to determine funding eligibility, the Department reserves the right to verify any information presented in the application and to determine the applicant's compliance status with applicable Local, State and Federal statutes and regulations. If an applicant is selected to receive financial assistance, an offer of financial assistance may be rescinded if the applicant is determined to be out of compliance with applicable Local, State and Federal regulations.

Signature, Title

Date

Note: Applications must be signed by a person authorized to commit applicant to proposed project.

Minority Impact Statement

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the State of Iowa which are due beginning January 1, 2009 shall include a Minority Impact Statement. This is the state's mechanism to require grant applicants to consider the potential impact of the grant project's proposed programs or policies on minority groups. **Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).**

☐ The proposed grant project programs or policies could have a disproportionate or unique **positive** impact on minority persons.

Describe the positive impact expected from this project

Indicate which group is impacted:

☐ Women
☐ Persons with a Disability
☐ Blacks
☐ Latinos
☐ Asians
☐ Pacific Islanders
☐ American Indians
☐ Alaskan Native Americans
☐ Other

☐ The proposed grant project programs or policies could have a disproportionate or unique **negative** impact on minority persons.

Describe the negative impact expected from this project

Present the rationale for the existence of the proposed program or policy.

Provide evidence of consultation of representatives of the minority groups impacted.

Indicate which group is impacted:

☐ Women
☐ Persons with a Disability
☐ Blacks
☐ Latinos
☐ Asians
☐ Pacific Islanders
☐ American Indians
☐ Alaskan Native Americans
☐ Other

☐ The proposed grant project programs or policies are **not expected to have** a disproportionate or unique impact on minority persons.

Present the rationale for determining no impact.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

Name: _____ **Title:** _____

Definitions

"Minority Persons", as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

"Disability", as defined in Iowa Code Section 15.102, subsection 5, paragraph "b", subparagraph (1):

b. As used in this subsection:

(1) *"Disability"* means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

"Disability" does not include any of the following:

(a) Homosexuality or bisexuality.

(b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders.

(c) Compulsive gambling, kleptomania, or pyromania.

(d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.

"State Agency", as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other agency or authority of the State of Iowa.

Applicant Disclosure

The Applicant must provide the following information. This is a continuing disclosure requirement from application submittal through agreement end date (if funding is awarded).

1. During the last three (3) years, has the Applicant received written notification from a state agency that a debt is owed to a state agency or a debt is being enforced through the Income Offset Program (including the state child support recovery unit if the Applicant is an individual) that will in any way impact receipt of monies awarded through this program?
   ☐ Yes ☐ No
   If yes, provide the date by which the Applicant will or has satisfied debts owed to or being collected by the state.

2. During the last three (3) years, has the Applicant had a contract for goods and/or services terminated for any reason, or has the Applicant received a notice of breach, notice of default, or similar notice?
   ☐ Yes ☐ No
   If yes, provide full details related to the termination or notice.

3. During the last three (3) years, describe any damages or penalties or settlements pertaining to contract disputes under any of the Applicant's existing or past contracts as it relates to goods and/or services performed that are similar to the goods and/or services contemplated by this application. If so, indicate the reason for the penalty, damages or exchange of property, goods, or services and the estimated amount of the cost of that incident to the Applicant.

4. During the last three (3) years, list and summarize all litigation, threatened litigation, administrative or regulatory proceedings, or similar matters to which the Applicant or its officers have been a party. Any such matter commencing after submission of an application, and with respect to the successful Applicant after the execution of a contract, must be disclosed in a timely manner in a written statement to the Department's contract officer.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

Name: _____

Title _____