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.

	Current	Goal
Number of People Served (monthly)		
Pounds of Food Distributed (monthly)		

Operational Efficiency Impact: Describe efficiencies in operations resulting from the addition of storage and cold storage.

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
Total			

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.

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.

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 _____