

Hunger Prevention and Nutrition Assistance Program (HPNAP)

Funding Period: **November 1st, 2018 – October 31st, 2018**

Application Due Date: **September 17, 2018**

Please Complete:

Submitting Organization: _____

Type of Organization: *Food Pantry* *Soup Kitchen* *Shelter*

FoodRescue/Gleaning *Other* _____

501(c)(3) Sponsor Agency: _____

Mailing Address: _____

City: _____ County: _____ Zip: _____

Executive Director: _____ Telephone: (_____) _____

E-Mail: _____

Contact Person: _____ Telephone: (_____) _____

E-Mail: _____

I. CURRENT PROGRAM INFORMATION

A. What is your organization's mission? *To help you in stating your organization's mission, answer the following questions: Who are you? What do you do? Whom do you serve? Why do you exist? What services do you provide?*

B. What is the target population of your agency's work?

C. How does this target population learn about your organization? *(check all that apply)*

Word of mouth.		Referrals: emergency food & shelter providers		In house clients	
In-house flyers, brochures, etc.		Referrals: government/ Hunger Hotline			
Religious Institution Bulletin		Referrals: health/social service agencies		Other _____	

Attach samples of flyers, brochures, or outreach materials.

II. PROJECT DESCRIPTION FOR SEED FUNDS

A. Please indicate the type of project for which you are requesting grant funding. *(please refer to the Seed Grant application guidelines).*

- _____ Organizational Capacity and Effectiveness
- _____ Resource Enhancement & Community Partnerships
- _____ Linkage to Services

B. Provide a summary statement of the project for which you are requesting funds and indicate what you aim to accomplish.

C. Describe the goal(s) for this Seed Grant project. *Note: you will be asked to list your Deliverables for each Goal on page 4.*

D. Statement of Need: Who will benefit from this Seed Grant project? Describe your target population and/or the geographic area for your project, as well as the reason you chose this population and/or geographic area.

E. Please describe the impact/effect(s) of this project on your target population. How will you measure the effect(s)?

F. How will you continue this project when HPNAP funds are no longer available? *Note: this question will count significantly in the rating of your Seed Grant application! Please provide a detailed and specific description or plan for continued funding.*

G. Describe how this Seed Grant project helps to fulfill your agency's mission.

H. Indicate the timeline for your Seed Grant project. *Please remember that your project can only be funded for one year. Fill in the DAY, MONTH, and YEAR for project start and DAY, MONTH, and YEAR for project end.*

Start: _____(day)_____ (month)_____ (year)

End: _____(day)_____ (month)_____ (year)

III. PROJECT DELIVERABLES

A. Please detail the steps or activities you will take to accomplish each Goal. Please see Supplement for further instructions in completing this chart.

GOALS	Deliverables <i>quantitative & measurable</i> <i>there may be more than one deliverable per goal</i>	Who is responsible for each Deliverable? Be specific!	TIMELINE for Deliverables
1.			
2.			
3.			
4.			

IV. **PROJECT BUDGET**

A. Provide an itemized budget and indicate the total amount requested for the entire funding period using the chart below. Please see for further instructions.

Category of Expense <i>Note: please complete only those categories necessary for your project</i>	Funding Requested																
<p>Personnel Services: Include the title for each position, specify hourly rate, hours worked, and the percentage (%) of total salary to be covered by the Seed Grant funds.</p> <table border="1" data-bbox="97 457 1182 695"> <thead> <tr> <th data-bbox="97 457 685 489">Position title</th> <th data-bbox="685 457 857 489">hourly rate</th> <th data-bbox="857 457 1029 489">hours worked</th> <th data-bbox="1029 457 1182 489">% salary</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p style="text-align: center;">Personnel Services Subtotal</p>	Position title	hourly rate	hours worked	% salary													<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>(a) \$ _____</p> <p>(b) \$ _____</p>
Position title	hourly rate	hours worked	% salary														
<p>PERSONNEL SERVICES SUBTOTAL (a+b)</p>	<p>(c) \$ _____</p>																
<p>Other Than Personnel Service (OTPS): Use only the categories listed below -DO NOT add any categories. Include only the TOTAL amounts requested in each category (if any). List the specific items within each category on the next page.</p> <p>MATERIAL and SUPPLIES</p> <p>TRAVEL/TRANSPORTATION</p> <p>PRINTING/COPYING</p> <p>POSTAGE</p> <p>STIPENDS</p> <p>CONSULTANTS</p> <p>OTHER Specify:</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>																
<p>OTHER THAN PERSONNEL SERVICE (OTPS) SUBTOTAL</p>	<p>(d) \$ _____</p>																
<p>GRAND TOTAL FUNDING REQUESTED (c+d)</p>	<p>\$ _____</p>																

B. Budget Detail and Justification:

1. PERSONNEL SERVICES:

For each position described in the budget table, please describe the project duties of the staff person.

2. MATERIALS AND SUPPLIES:

List each item, cost per item, number to be purchased, and total cost. Briefly describe the reason each item is needed for the project.

3. TRAVEL/TRANSPORTATION:

Detail the proposed expenditure and purpose for the travel or transportation. The maximum reimbursement rate is \$0.545 per mile.

4. PRINTING/COPYING:

Describe what materials will be duplicated and estimate number and cost.

5. POSTAGE:

Specify what materials will be mailed and estimate number and cost.

6. STIPENDS:

Specify who will receive stipends, the amount, and the duties these people will carry out.

7. CONSULTANT(S):

If this category is used, provide a description of consultant duties and qualifications, rate of pay, and total hours necessary to complete duties. Please also describe why a consultant is necessary to perform these duties.

8. OTHER:

Describe the expense and explain why it is needed for the project.

C. Location of Seed Grant Project

Program Name: _____

Site Address: _____

City _____ Zip _____

Site Contact Person: _____

Telephone _____ Fax _____ E-mail address _____

List the days and hours of operation: Days: _____ Hours: _____

Please state if and when site is closed anytime during the year. _____

Project site: Food Pantry Soup Kitchen Shelter (*check all that apply*)

HPNAP I.D.#: _____ When was your emergency food/shelter program started? _____

ORGANIZATION BUDGET (Optional)

A. Describe how your organization keeps track of all its funds and expenditures. Specify position and name of responsible person(s) for maintaining accurate and complete financial records.

B. Does your organization conduct a certified, independent annual audit? _____ Yes _____ No

C. Will you be able to begin your Seed Grant project prior to the distribution of funds to your agency?
_____ Yes _____ No

Please explain:

COMPLETED APPLICATION PACKET

(This Manual is to be used as a guide. Requirements, guidelines and templates may not be applicable to all Contractors and projects. Applications may be modified for need and must be approved by your Contract Manager)

The following checklist will help you in ensuring your application is complete:

One Original and Four copies of this Application

Five copies of your organization's current budget (income and expenditures)

Five copies of your most recent organization/agency audit (if available)

Samples of brochures, flyers, or other outreach materials

Five organizational (staff) charts, highlighting which staff/volunteers will carry out the Seed Grant Project.

V. SEED GRANT RATING

Applications will be rated on the following information:

- Received by due date - all late applications will be not be accepted.
- Completeness of application – deductions will be made if any required documents or attachments are not provided or if the required number of copies are not provided. If the 501C-3 is missing, the application will automatically be rejected.
- Strength, originality, and feasibility of described project.
- Relationship of deliverables and budget to project description and goals.
- Ability to demonstrate continuation of project after Seed Grant period (additional funding sources).
- Fiscal solvency of applying agency.

VI. VERIFICATION OF APPLICATION

I agree that the information provided in this Seed Grant application is accurate to the best of my knowledge. I have read the Seed Grant conditions and guidelines, and agree that if funded, I will adhere to these conditions and guidelines.

Executive Director Name *(please print)*

Executive Director Signature

Date

Hunger Prevention & Nutrition Assistance Program (HPNAP)

SUPPLEMENT TO APPLICATION

Goals: The goals of your project should reflect what you intend to accomplish by having this Seed Grant. Each goal should be listed on the table in a separate space. These goals should be simple, measurable, and meaningful to your project.

Examples are as follows:

A. Project Description is *to provide Smart Shopping classes to Ex-Offender fathers.*

GOAL is to teach fathers how to support the nutrition needs of themselves and their children on a limited budget

B. Project Description is *to start a community garden to produce fresh vegetables for distribution in the agency's Food Pantry.*

GOALS are 1) to improve the nutritional intake of the hungry in the community by providing farm, fresh produce to community members; and 2) to train community volunteers in farming/gardening.

Deliverables: The project Deliverables are the steps or activities your project will take to accomplish your goal or goals. Each goal can have more than one deliverable. Deliverables must be specific and measurable! On the chart, please keep all deliverables for the same goal in the same box. You may use additional sheets if necessary.

Using the examples above, the deliverables are as follows:

A. **GOAL** is to teach fathers how to support the nutrition needs of themselves and their children on a limited budget.

DELIVERABLES 1) to develop a workshop manual; 2) conduct 10 Smart Shopping classes with 10 fathers each; 3) take 10 trips to the supermarket and provide \$25 stipend to fathers to purchase food based on a 2-day menu they develop; and 4) collect receipts from \$25 stipend and review menu.

B. GOALS are 1) to improve the nutritional intake of the hungry in the community by providing farm, fresh produce to community members; and 2) to train community volunteers in farming/gardening.

DELIVERABLES Goal 1- 1) prepare soil of two lots; 2) plant, cultivate, and harvest produce. For Goal 2- 1) Consultant will conduct 24 training sessions (2 per week) with 16 students each; 2) Consultant will develop a “How To” manual for other emergency food providers.

Responsibility for Deliverables: The individual who is responsible for each deliverable should be placed in this column next to the deliverable of their responsibility. Please note that only those individuals who will be completing the deliverables of the project should be put in the budget. Seed Grants will not fund staff who are not directly responsible for completing deliverables, and will not fund “support” staff like maintenance workers, accountants, office staff, or Executive Directors. If consultants will be the only staff completing deliverables, then there should be no staffing requests in the Personnel budget.

Timeline for Deliverables: Each Deliverable should have a timeline. This timeline should reflect how long it will take to complete each deliverable. Please indicate the timeline for each deliverable in MONTHS. These timelines should be realistic and appropriate for the completion of the deliverable.