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| **SEED GRANT APPLICATION: FOOD BANK OF WNY** | **2017-2018** |  |
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| **Hunger Prevention and Nutrition Assistance Program (HPNAP)**  **Funding Period: May 1,2018 –October 31,2018**  **Application Due Date: April 30,2018** | |  |

**Please Complete:**

Submitting Organization: Type of Organization: *Food Pantry* *Soup Kitchen* *Shelter*

*Food Rescue/Gleaning* *Other*

Fiscal Agent (if applicable):

Mailing Address:

City:

County:

Zip:

Executive Director: Telephone: ( )

E-Mail:

Contact Person:

E-Mail:

Telephone: ( )

**I. CURRENT PROGRAM INFORMATION**

1. **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?*
2. **What services do you provide to your clients?** *(Please check as many as apply)*

Case Management

Job Training

Referrals to emergency food providers

Food Stamps/public benefit referrals

Job placement/job referrals

GED

Housing/shelter services/referrals

No services except food packages or meals

Counseling Social Worker Case Worker Pastor, Priest, RabbiVolunteerOther

Other *(please describe)*

1. **What is the target population of your agency’s work?**
2. **How does this target population learn about your organization?** *(check all that apply)*

|  |  |
| --- | --- |
| Word of mouth. |  |
| In-house flyers, brochures, etc. |  |
| Religious Institution Bulletin |  |

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| Referrals: emergency food & shelter providers |  |
| Referrals: government/ Hunger Hotline |  |
| Referrals: health/social service agencies |  |

|  |  |
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| In house clients |  |
| Other |  |

Attach samples of flyers, brochures, or outreach materials.

1. **PROJECT DESCRIPTION FOR SEED FUNDS**
2. **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

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

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

1. **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.**

**I**

1. **Please describe the impact/effect(s) of this project on your target population. How will you measure the effect(s)?**
2. **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.*

1. **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)

1. **PROJECT OUTCOMES (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** | **OUTCOMES (Deliverables)**  *quantitative & measurable*  *there may be more than one deliverable per goal* | **Who is responsible for each OUTCOME (Deliverable)?**  *Be specific!* | **TIMELINE for OUTCOMES** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

1. **PROJECT BUDGET**
2. **Provide an itemized budget and indicate the total amount requested for the entire funding period using the chart below.** *Please see for further instructions.*

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| --- | --- |
| **Category of Expense**  *Note: please complete only those categories necessary for your project* | **Funding Requested** |
| **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.  **Position title hourly rate hours worked % salary**  **Personnel Services Subtotal** | $  $  $   1. $ 2. $ |
| **PERSONNEL SERVICES SUBTOTAL (a+b)** | **(c) $** |
| **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.  MATERIAL and SUPPLIES TRAVEL/TRANSPORTATION PRINTING/COPYING POSTAGE  STIPENDS CONSULTANTS  OTHER  Specify: | $  $  $  $  $  $ 0  $ 0 |
| **OTHER THAN PERSONNEL SERVICE (OTPS) SUBTOTAL** | **(d) $** |
| **GRAND TOTAL FUNDING REQUESTED (c+d)** | $ |

1. **Budget Detail and Justification:**
   1. **PERSONNEL SERVICES:**

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

* 1. **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.

* 1. **TRAVEL/TRANSPORTATION:**

Detail the proposed expenditure and purpose for the travel or transportation. The maximum reimbursement rate is $0.535 per mile.

* 1. **PRINTING/COPYING:**

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

* 1. **POSTAGE:**

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

* 1. **STIPENDS:**

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

* 1. **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.

* 1. **OTHER:**

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

1. **Location of Seed Grant Project**

Program Name: Site Address:

City Site Contact Person:

Zip

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.

*For EFROs only*

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)

1. **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.
2. **Does your organization conduct a certified, independent annual audit? Yes No**
3. **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**

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

* + *One Original and Six copies* of this Application
  + *One* copy of your organization’s Federal Exempt Status Certificate from the IRS – **501(c)(3)**
  + *One* copy of your organization’s current budget (income and expenditures)
  + *One* copy of your most recent organization/agency audit (if available)
  + Proof of checking account (such as a bank statement)
  + Samples of brochures, flyers, or other outreach materials
  + *One* organizational (staff) chart, highlighting which staff/volunteers will carry out the Seed Grant Project.

1. **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 is 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.

1. **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

**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:

1. 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

1. 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.

**Outcomes (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.