



## Hunger Prevention and Nutrition Assistance Program Seed Grant Application | July 2020-May 2021

*Seed Grants are start-up grants intended to be used as a “seed” to begin a new or enhanced service to a non-profit agency that is working on emergency hunger relief or other food-based programming. Seed Grants encourage the development of projects that support innovative ways of confronting emergency food and/or nutrition needs of low-income communities. Applicants are encouraged to apply for funding regardless of their current emergency food services; priority for funding will be given to **creative and innovative** strategies for hunger relief and/or food-based programming.*

### **Eligibility:**

Foodlink will consider Seed Grant applications from existing non-profits organizations and public entities (e.g.: municipal government, school districts, coalitions of organizations) in Foodlink’s service area, consisting of: Allegany, Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming, and Yates counties. Applicants must demonstrate how they assist low-income, homeless, and/or food insecure individuals. Applicants do not need to be members of Foodlink’s agency network, although Foodlink agencies are encouraged to apply. ***Organizations without 501C3 status must partner with a fiduciary to hold funds.***

### **Application Categories:**

- 1) **Resource Enhancement and Community Partnerships:** Projects that increase or enhance emergency food resources or create a diversified resource base through community partnerships.
  - a. Examples of community partnerships include projects to develop and/or utilize emergency food relief programs, food growers, gleaning, community garden programs, or other community food resources.
- 2) **Organizational Capacity and Effectiveness:** Projects that increase organizational capacity and effectiveness to provide emergency food services and access to healthy foods.
  - a. Examples are projects that provide resources, technical assistance, and/or training to emergency food relief organizations for fundraising, bookkeeping, volunteer services, and/or other areas specific to emergency food services.
- 3) **Linkage to Services:** Projects that can link emergency food providers and their clients to services that could reduce dependence on emergency food.
  - a. Examples include projects to expand outreach referral services to connect at risk individuals to medical care, social services, and/or technology to develop training programs for at risk individuals to create linkages and increase skills for future job placement.

## **Funding:**

- Applicants may apply for up to \$30,000 for their Seed Grant project. Applications seeking less than \$10,000 will not be considered for this project. Seed Grants funds are one-time, non-renewable awards. Applicants will be asked to provide detailed plans for project sustainability after the funding period has elapsed.
- Seed Grants may be used to cover the following expenses:
  1. Personnel Services  
( *NOTE: 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.*)
  2. Materials and Supplies  
(*NOTE: Seed Grants will not fund materials such as purchase of a vehicle.*)
  3. Travel and Transportation
  4. Postage
  5. Stipends
  6. Consultants
  7. Other (must justify relevance to project)
- 75 % of awarded funding will be distributed to awardees upon a signed contract to accommodate situations where up-front allocations of equipment, materials, and supplies are needed. Disbursement of remaining funds for correctly documented expenses will occur after final reporting documents are submitted and reviewed at the conclusion of the grant.

## **Project Duration:**

We intend to award funding by the beginning of the next HPNAP year (July 1, 2020). Awardees will be funded through May 31, 2021. **All funds that are not properly documented and expensed must be returned to Foodlink.** A more detailed timeline of the grant cycle will be discussed with awardees during in person meetings.

## **Evaluation:**

Proposals will be scored by a team of reviewers from Foodlink's Member Services department and community partners. Proposals will be evaluated based on the following criteria:

1. *Quality of Proposal:* goals, objectives, and work plan are clear and appropriate; resources in terms of personnel are appropriate for the project scope; and all budget items are allowable, reasonable, and clearly defined. Proposals clearly fit into one of the three defined application categories and applications are completed in full.
2. *Sustainability:* the project clearly describes how the project can be scaled up or expanded. If the project requires continued funding, applicants must describe how it will be secured to continue to project beyond the initial seed grant
3. *Innovation and Impact:* proposal clearly describes how the project fills gaps in resources, distribution, and/or types of food resources available to the community. The proposal includes **at least three metrics** to assess impact, describes appropriate deliverables, and the potential to provide new knowledge and lessons learned.

## **Reporting and Documentation:**

Organizations will be required to complete mid-point and final reporting for this grant. Mid-point reviews will occur in the Winter of 2021. Agencies will review project goals and budget to determine if modifications need to be made to either during mid-point reviews. Organizations will be expected to submit copies of receipts *and* expenditure sheets. Foodlink will work with awardees during their mid-year meeting to determine specific documentation required for each budget line item.

### **Mid-point reviews will include:**

1. Meeting with Foodlink grant managers
2. Mid-Year Expenditure Report

### **Final reporting includes:**

1. Final Report Narrative
2. Final Report Outcomes: Provides a description of deliverables, and requires agency to provide the outcomes products as described
3. Final Report Budget/Documentation: Report and justification of all funds used for each budget category and item.

**Applications must be  
submitted by **May 1, 2020.**  
All applications must be  
submitted via email to:  
**[choey@foodlinkny.org](mailto:choey@foodlinkny.org)****

Please contact Carrie Hoey with questions:  
[choey@foodlinkny.org](mailto:choey@foodlinkny.org) | 585-413-4098

**Each application must include:**

*Please answer every question. Incomplete applications may be disqualified.*

- I.** Application Verification
- II.** An attached copy of your organization’s most recent audited finances
- III.** Organization Information
- IV.** Current Program Information
- V.** Project Description
- VI.** Goals & Outcomes
- VII.** Budget

**The following supplemental documentation is optional to upload:**

- I.** Letters of support from community partners
- II.** Copies of existing outreach materials, organization chart, etc.
- III.** Photos, maps, or other visual aids

**Agencies must be able to provide the following if awarded:**

- I.** Proof of insurance
- II.** A copy of your organization’s 510C3 IRS Determination Letter  
*(NOTE: Organizations without 501c3 Certification may partner with a fiduciary to carry out a Seed Grant Project.)*

**I. Application Verification**

*Submission of this application does not guarantee receipt of grant funding.*

**Name of Executive Director:**

**Phone:**

**Email:**

I verify that the information provided in this application is true to the best of my knowledge. The organization I represent understands that submission of this application does not guarantee receipt of an award and will not include requests in its annual budget.

**Signature of Executive Director:**

**Date:**

**Contact for this Grant:**

Name	Phone	Email

**II. Recent Audited Financial Statement**

**Attach a copy of your organization’s most recent audited finances**

### III. Organizational Information

1. Organization Name: \_\_\_\_\_

2. Organization Address: \_\_\_\_\_  
\_\_\_\_\_

3. County: \_\_\_\_\_

**4. Type of Organization:**

*Check all that apply.*

Emergency Food Relief Organization

Social Service Provider

School

Food Rescue/Gleaning

Municipal Government Agency

Other (Please describe) \_\_\_\_\_

**5. Does your organization have 501c3 Certification?**                      YES                      NO

*Organizations without a 501C3 Certification may apply for seed grant funding in conjunction with an umbrella organization that agrees in writing to act as the fiduciary for the project*

**If no, what is the name of Fiduciary Sponsor:** \_\_\_\_\_

*If using a Fiduciary sponsor, please upload a letter of support from their Executive Director.*

6. What is your Organization's Annual Operating Budget: \$ \_\_\_\_\_

## IV. Current Program Information

7. Number of Paid Staff:

8. Number of Volunteers:

9. Please describe your organization's mission and vision: *(2000 character limit)*

10. Please describe the service(s) your organization provides and that best demonstrate your impact/uniqueness. Please include any relevant statistics. *(2000 character limit)*

11. How do individuals find out about your programs/services? *(2000 character limit)*

## V. Project Description

12. Please indicate the type of project for which you are requesting grant funding:

*Check all that apply.*

**Organizational Capacity and Effectiveness:** Projects that increase internal organizational capacity and effectiveness to provide emergency food services and access to healthy foods

**Resource Enhancement and Community Partnerships:** Projects that increase or enhance emergency food resources or create a diversified resource base through community partnerships

**Linkages to Services:** Projects that can link emergency food providers and their clients to services that could reduce dependence on emergency food.

**13. Please provide a summary statement of the project for which you are requesting funds  
(5000 character limit)**

*Be sure to include:*

- What you aim to accomplish;
- Emergency food and/or nutrition gaps you wish to address;
- Timeline of this project

**14. How will this project help fulfill your agency's mission? (3000 character limit)**

**15. Are there any other community partners involved in this project? Please list them and state their involvement. (2000 character limit)**

**16. Who will benefit from the Seed Grant project? Describe your target population and geographic area, as well as your reason for choosing these communities. (2000 character limit)**

**17. How have you researched the emergency food and/or nutrition gaps you wish to address (focus groups, surveys, research, etc.)? How does your project align with community concerns? (2000 character limit)**

**18. Estimate the number of people (unduplicated) to be reached by the proposed project: \_\_\_\_\_ people**  
*Describe how you arrived at this number:*

**19. Describe how the project takes a new approach to the issue in your community. (2000 character limit)**



**20. How will you measure your outcomes and determine success?** *(Please include at least three metrics to assess impact) (2500 character limit)*

**21. Describe the roles and responsibilities of staff, volunteers, consultants, and partner organizations and how they contribute to achieving the project's outcomes** *(Specify responsibilities for monitoring and tracking progresses on project goals). (3000 character limit)*

**22. Describe how the project will become self- sustaining** *(Describe a clear plan for obtaining other sources of funding necessary to sustain the project, identifying sources of funds or revenue specifically).(3000 character limit)*

## V. Goals & Outcomes

23. Describe the specific goals for your project. *Projects must list at least 3 goals and outcomes.*

<b>Goals</b>	<b>Outcomes</b> Quantitative and Measureable	<b>Timeline for each outcome</b>
1)		
2)		
3)		
4)		
5)		
6)		

## VI. Budget

24. Please provide an itemized budget and indicate the total amount requested for the entire funding period using the chart below *(Please see question 25 for details, itemizations & calculations):*

**Minimum: \$10,000 | Maximum: \$30,000**

Category of Expense	Funding Requested
<i>Note: please complete only those categories necessary for your project</i>	
<b>PERSONNEL SERVICES SUBTOTAL (please see question 25 on following page)</b>	\$ _____
<p><b>Other Than Personnel Service (OTPS):</b> 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</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<b>OTHER THAN PERSONNEL SERVICE (OTPS) SUBTOTAL</b>	\$ _____
<b>GRAND TOTAL FUNDING REQUESTED</b>	\$ _____

**Applicants may apply for up to \$30,000 for their Seed Grant project. Applications seeking less than \$10,000 will not be considered for this project.**

25. Please complete the budget details and justification sections below for any funding categories you are applying for (these categories and funding amounts must match the chart in question 24):

**Please skip any sections you are not applying for**

**PERSONNEL SERVICES** NOTE: 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.

<i>Position 1 Title</i>		<i>Please list project duties as they relate to seed grant goals</i>					
A. Hourly Rate	B. Number of pay periods included between July 1, 2020- May 31, 2021	C. Total Annual Salary	D. % Fringe of Total Annual Salary	E. Number of Hours worked on <u>Grant Objectives</u> per pay period	F. Total covered by grant per pay period (A x E=F)	G. Total Salary Covered by Grant (F x B= G)	H. % Salary Covered by Grant (G/C)x 100
\$		\$	%		\$	\$	%
<i>Position 2 Title</i>		<i>Please list project duties as they relate to seed grant goals</i>					
A. Hourly Rate	B. Number of pay periods included between July 1, 2020- May 31, 2021	C. Total Annual Salary	D. % Fringe of Total Annual Salary	E. Number of Hours worked on <u>Grant Objectives</u> per pay period	F. Total covered by grant per pay period (A x E=F)	G. Total Salary Covered by Grant (F x B= G)	H. % Salary Covered by Grant (G/C)x 100
\$		\$	%		\$	\$	%

**MATERIALS AND SUPPLIES:** *(If you need additional lines, please attach a separate sheet)*

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

Description of Item	Relationship to Project	Estimated Cost per Item	Number to be Purchased	Estimated Total Cost
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
			<b>Total Material Cost</b>	\$

**TRAVEL/TRANSPORTATION:**

Detail the proposed expenditure and purpose for the travel or transportation. The current reimbursement rate is \$0.575 per mile, actual reimbursement rate is subject to changes of the IRS standard mileage rate.

Description of necessary travel expenses	Estimated Miles	Mileage Rate <i>(if applicable)</i>	Total Expense
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			<b>Total Transportation Cost</b>

**PRINTING/COPYING:**

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

<b>Description of necessary printing expenses</b>	<b>Relationship to Goals and Outcomes of Project</b>	<b>Estimated Cost</b>
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	<b>Total Printing/ Copying Expense</b>	\$

**POSTAGE:**

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

<b>Description of necessary postage expenses</b>	<b>Relationship to Goals and Outcomes of Project</b>	<b>Estimated Cost</b>
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	<b>Total Postage Expense</b>	\$

**STIPENDS:**

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

Job Title of Individual Receiving Stipend	Duties Carried Out in Relation to Project Goals and Objectives	Stipend Total
		\$
		\$
		\$
		\$
		\$
<b>Total Stipend Expense</b>		<b>\$</b>

**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.

Consultant Name	Duties & Qualifications	Reason for Consultant	Rate of Pay	Total Number of Hours	Estimated Cost
			\$		\$
			\$		\$
			\$		\$
<b>Total Consultant Cost</b>			<b>\$</b>	<b>\$</b>	

**OTHER:**

Describe the expense and explain why it is needed for the project and why it does not fit another category.

Description of Other Item/ Service	Reason Item/Service is necessary to meet the goals of this project	Reason it does not fit in another category	Estimated Total
			\$
			\$
			\$
			\$
			\$
		<b>Total "Other" Expense</b>	\$

**Applications must be submitted by **May 1, 2020**. All applications must be submitted via email to: [choey@foodlinkny.org](mailto:choey@foodlinkny.org)**