**2014 SFSP MINI GRANT PROGRAM APPLICATION

PROGRAM OVERVIEW**

Good Shepherd Food Bank’s SFSP Mini Grant Program will reimburse sponsors for direct expenses related to increasing the number of USDA reimbursed meals they serve to children in their community. Reimbursements will be received by sponsors as invoices are submitted to the Food Bank in accordance with a Memorandum of Understanding signed between Good Shepherd Food Bank and the Sponsor upon the announcement of their selection to participate.

GSFB’s reimbursements will be utilized for initiatives aimed at increasing participation that fall outside of the USDA’s reimbursements, particularly those targeted at increasing access amongst rural and other underserved populations. Projects and budgetary line items eligible for consideration will include the following:

* Food costs associated with providing higher quality, more kid friendly meals with an emphasis on fresh fruits and vegetables
* Equipment costs needed to support opening new sites
* Transportation costs associated with serving multiple or mobile sites and/or with providing busing options for participants
* Outreach costs for enhanced marketing and advertising to eligible families
* Staffing and enrichment costs necessary to provide regular activities to attract and engage participating children

All sponsors will be required to submit progress reports to Good Shepherd Food Bank for each month that their sites operated. The final monthly report will include additional questions regarding best practices discovered and any innovative ideas utilized to overcome barriers to success.

*Grant Period:* The grant period will be as follows:

May 12, 2014 to August 31, 2014

**Grant funds must be spent by the end of the grant period**.

*Timeline:* **Tuesday, April 8** – Application posted online and emailed to SFSP Sponsors

**Tuesday, April 29** – Grant proposal due

**Week of May 5** – Notification of decisions

**May 12 – August –** Invoices submitted to Good Shepherd Food Bank for reimbursement. Reimbursements will be mailed to sponsors within two weeks of us receiving them.

**Tuesday, July 15 –** Monthly report due from sponsors operating during June

**Tuesday, August 12 –** Monthly report due from sponsors operating during July

**Tuesday, September 16** – Final Report Due from all sponsors

*Questions:* Questions regarding this application should be directed to Shannon Coffin, Child Hunger Program Manager, at 207.782.3554 or scoffin@gsfb.org.

Grant Agreement

The following are the terms and conditions of accepting a 2014 SFSP Mini Grant from Good Shepherd Food Bank:

1. You will sign this grant agreement, keeping a copy for your records and returning this electronic version with signature to Good Shepherd Food Bank. By signing this document, you are agreeing to comply with the terms of the grant agreement and report requirements as outlined.
	1. Please submit your grant agreement, signed with an electronic signature or scanned after signing, with your grant application to scoffin@gsfb.org.
2. You shall submit sufficient detail to Good Shepherd Food Bank’s satisfaction as outlined in your award letter and/or the report requirements for this grant.
3. You shall maintain proper records and books that enable Good Shepherd Food Bank to easily determine how grant funds have been used, making these records available to Good Shepherd Food Bank at reasonable times for review and audit. In addition, you shall comply with all reasonable requests from Good Shepherd Food Bank for information and interviews regarding use of grant funds.
4. Use of funds is restricted to the specifics of your submitted proposal. Any changes to usage of funds from this proposal will require prior approval from Good Shepherd Food Bank.
5. Prior notification of any intended significant change in the program, including site closure or redirection of funds, to Good Shepherd Food Bank is required.
6. Lack of notification to Good Shepherd Food Bank of any significant change in your grant is grounds for revocation of the grant at the discretion of Good Shepherd Food Bank.
7. You will adhere to any restrictions and requirements laid out in your award letter.

When signing below I fully understand and agree to comply with the above conditions and requirements of accepting this grant from Good Shepherd Food Bank.

Executive Director/President Signature Date

Executive Director/President Printed Name and Title E-Mail

Primary Program Contact name

Primary Program Contact Phone Number E-Mail

Grant Application

*General Information*

**Organization Name**

**Location**

City: State: Zip:

**Program Contact**

Name: Title:

Phone: E-Mail:

1. Please indicate the amount of funds you are requesting in order to expand for your 2014 Summer Food Service Program. (Note: Reimbursements will range from $1,000 to $5,000)

*Summer Feeding Need (25%)*

1. Please describe the program sites that this grant will support and explain why additional summer meals are needed in your community. (Statistics like area poverty rates, school free and reduced lunch data, etc. will be helpful in fully addressing this question.)

*Program Model Detail (40%)*

1. Please provide a summary of your goal(s) for this funding: **what are** **you seeking to accomplish** and **how will you meet the identified goal(s)?**
2. Please describe how your sites will operate (what dates will each site be open, what meals will you serve and what times, how will meals be distributed to children, what enrichment activities do you plan to provide, etc.) and identify who will be responsible for each aspect of program implementation.
3. How will you track the number of participants at your site daily and the number of meals served?

*Community Partnerships (15%)*

1. Tell us about your outreach and marketing plans. Who are you hoping to reach and how do you plan to make sure they know about your Summer Meal Sites? What partners will you collaborate with in your community to promote participation?
2. How do you plan to leverage volunteers to make your program a success? How will volunteers be recruited?

*Program Metrics (10%)*

1. Please complete the projected program metrics for the grant period.
2. Average number of children served per day at all grant-funded sites:
3. Estimated total number of meals served at grant-funded sites through entire grant period:
4. Estimated total number of snacks served at grant-funded sites through entire grant period:

**0**

1. Total number of sites in your entire summer feeding program:
2. Total number of sites benefitting from grant funds:
3. Average number of weeks your program operates at grant-funded sites:

**7**

1. Distribution frequency of your program at grant-funded sites (please mark only one):

[ ]  Daily [ ]  Weekly [ ]  Other – please explain:

1. Number of days per week your program serves meals and/or snacks at grant-funded sites:

*Budget (10%)*

1. Please complete the following budget table inputting **projected** program expenses for the entire grant period **only for the summer program site(s) for which you are requesting funding through this grant opportunity**. Insert additional information and rows as needed.



1. Please provide explanatory comments and clarification pertinent to the budget and the usage of funds, including why you chose particular line items to be funded by this grant, and how those particular expenses will help you to increase summer meal access to low income children in your community.
2. How do you plan to sustain your Summer Food Service Program site(s) in future years?