**2017 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 *(coolers, tables, etc)*
* 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 16, 2017 to August 31, 2017

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

*Timeline:* **Monday, March 6th** – Application posted online and emailed to SFSP Sponsors

**Tuesday, March 21st at 2pm –** Technical Assistance Call For Applicants

**Friday, April 14th** – Grant proposals due

**Week of April 24th** – Notification of decisions

**May – 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 18th –** Monthly report due from sponsors operating during June

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

**Tuesday, September 12th** – Final Report Due from all sponsors

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

Grant Agreement

The following are the terms and conditions of accepting a 2017 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 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.

Superintendent/ Executive Director/President Signature Date

Superintendent/ Executive Director/President Printed Name and Title E-Mail

Primary Program Contact name

Primary Program Contact Phone Number E-Mail

2017 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 2017 Summer Food Service Program. (Note: Grants range from $500 to $5,000)
2. Choose up to 3 best practice expansion strategies you are seeking funding for. Please refer to the best practices grid for more information about successful investments from previous years.
* 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
* Enrichment costs necessary to provide regular activities to attract and engage participating children
* Other (Please explain):

*Program Model Detail (40%)*

1. Describe how you plan to utilize the strategies you selected above to **increase participation** in SFSP in your community in Summer 2017.
2. Have you used any of the strategies chosen and described in questions 2 & 3 in past years? If so, please explain.
3. Please complete the following chart, comparing sponsor data from Summer 2016 with your growth goals for Summer 2017.

|  |  |  |
| --- | --- | --- |
|  | **2016 Actuals** (*If Applicable)* | **2017 Projections** |
| Number of Sites |  |  |
| Number of 1st Year Sites |  |  |
| Number of Serving Days |  |  |
| Average Daily Children Served |  |  |
| Total Meals Served |  |  |

1. If you are opening new open sites in 2017, please describe **how and why** the locations were chosen.

*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?

*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.



Please Note: If you are requesting GSFB funding for site coordinators or food preparation staff, please expand on how us funding these salaries will support additional meals served in your community and why you are not able to cover these within your meal reimbursements. Also feel free to provide any additional budget commentary below.

1. How do you plan to sustain increased participation from any funded projects in future years?