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Request for Proposals – Partner Agency Capacity Building Grants

Purpose of Funding: To support the improved capacity of partner agencies, increasing access to food in the region.

Eligibility: All emergency food providers with a signed Membership Agreement may apply.

Funding Preference: Funding will be given to agencies that can show a measurable increase in food and/or produce poundage monthly and annually and an increase in clients served through funding. Allowable expenses include, but are not restricted to refrigeration, racking, vehicles, construction projects and IT needs*\**. Please think about all related costs including delivery, installation, maintenance and eventual replacement to justify purchase. Funding for salaries and overhead costs may be included, but a plan for sustaining efforts through ongoing funding must be included. Please note: agencies that received grant funding earlier this year ARE eligible to apply for funds for additional needs or to reapply if you were not selected previously.

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*\*Please keep in mind that there is a separate rfp for funding related to technical needs for Pantry Trak.*

Timeline: 09/28/2018 - Request for Proposals is released

12/14/2018 - Applications with W9 attached are due in word or PDF format by email to your community partner manager

01/04/2019 - Decisions are made and funding will be available

06/01/2019 – Interim report due (required for future funding)

12/31/2019 – Final report due (required for future funding)

This funding has been made available directly by the Freestore Foodbank through our unrestricted support to enhance the overall capacity of our network to better serve the region.

If your request is not selected this cycle, it will be kept on file for future requests. The opportunity for funding in the future may be from another source, such as Feeding America and subject to an application process which we do not control. This funding is not assured and may require additional details. We will reach out and confirm details before submitting for external funding.

Application Form

1. Main Applicant Contact information:

Agency name: **Our Agency**

Agency physical address: **1234 Main Street, Cincinnati OH, 45255**

Agency mailing address: **1234 Main Street, Cincinnati OH, 45255**

Agency County: **Hamilton**

Executive Director’s name: **John Doe**

Executive Director’s email and phone number: **JohnDoe@Email.com, 513-867-5309**

Application contact’s name and position: **John Doe, Executive Director**

Application contact’s email and phone number: **JohnDoe@Email.com, 513-867-5309**

1. Organization Information: Please include your organization’s history and mission statement, service area, annual customers served and any other relevant information. *Please remember to include your W9 with submission.*

**Information about Our Agency is here.**

**W9 is attached**

1. Executive Summary:3-5 sentences about your request, including the projected outcomes, requested funding and overall cost.

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**Our organization is currently facing an issue of capacity related to having insufficient [BARRIER HERE]. With improved / new / updated [CAPACITY REQUEST] our organization will be able to improve the needs of our customers. Currently, our agency is able to serve [PROVIDE MEASURE HERE][FREQUENCY]. With the improved / new / updated [NEEDED ITEMS HERE], our agency will be able to [PROVIDE PROJECTED IMPROVED MEASURE HERE].**

**Attached are quote(s) for [NEEDED ITEMS] that would help eliminate [BARRIER]. The total cost for this project is [TOTAL COST].**

|  |  |  |
| --- | --- | --- |
| **Field** | **Examples** | |
| **Barrier** | • Refrigeration space  • Freezer space  • Shelving space | • Staffing  • Technology |
| **Capacity Request** | • Infrastructure  • Cold storage space  • Freezer space | • Shelving / Display  • Transportation |
| **Frequency** | • Weekly | • Monthly |
| **Measures** | • Total pounds served  • Total meals served  • Pounds per family | • Total families served  • Population(s) served  • Pounds per individual |
| *Note: Your CPM can help you obtain and calculate any data that would be needed to help improve calculations* | |
| **Needed Items** | • Shelving  • Refrigerator  • Freezer | • Computers  • Pallet Jacks  • Equipment |
| **Projected Improved Measure** | • Increase fresh produce  • Increase frozen protein | • Increased pounds per person  • Increase families served |

1. Request Details

Explain the agency/community need for this General Capacity Building grant. Is this replacing inefficient/failing equipment or a new resource?

**In the previous year (calendar / fiscal) our agency was able to serve [POPULATION DATA]. Each individual served is provided [INFORMATION ON SERVICES PROVIDED] at [FREQUENCY]. This resulted in a total distribution of [POUNDS / MEALS].**

**Our agency currently serves [POPULATION DATA]. Each individual served is provided [INFORMATION ON SERVICES PROVIDED] at [FREQUENCY]. The current needs of the community are [INCREASED NEEDS]. At our currently capacity we are unable to meet this need due to [BARRIER].**

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|  |  |  |
| --- | --- | --- |
| **Field** | **Examples** | |
| **Barrier** | • Refrigeration space  • Freezer space  • Shelving space | • Staffing  • Technology |
| **Frequency** | • Weekly | • Monthly |
| **Increased Needs** | • Increasing produce intake  • Increased food stability | • Increased protein intake |
| **Information on Services** | • Pounds of shelf stable food  • Pounds of frozen food | • Pounds of produce  • Total meals |
| **Population Data** | • General population  • County  • Children under 18 | • Families  • The neighborhoods of … |
| **Pounds / Meals** | • 52,000 pounds in 2017  • 5000 total families served | • 52,000 meals in 2017 |

How will this grant increase pounds of food provided? How will this grant increase the number of people served? Please provide metrics for increases and keep in mind reports are required on 12/1/2018 and 5/31/2019. Follow-up reports may also be requested in following years with proof that purchases are still being utilized.

**Our agency currently serves [POPULATION DATA]. Each individual served is provided [INFORMATION ON SERVICES PROVIDED] at [FREQUENCY]. This results in a total distribution of [POUNDS / MEALS]. With the increased capacity provided by [CAPACITY REQUEST], our agency will be able to increase capacity by [RATIONALE], which would increase the total (pounds / meals) distributed to our customers by [INCREASE IN POUNDS / WEIGHT], resulting in a growth of [PERCENTAGE]. Based on the request, the useful life of this grant would be expected to be [NUMBER] years.**

|  |  |  |
| --- | --- | --- |
| **Field** | **Examples / Explanation** | |
| **Capacity Request** | • Infrastructure  • Cold storage space  • Freezer space | • Shelving / Display  • Transportation |
| **Frequency** | • Weekly | • Monthly |
| **Increase Pounds / Weight** | • This number should be a calculation of what total distribution would be AFTER the capacity grant would be filled. | |
| **Information on Services**  **VOID** | • Pounds of shelf stable food  • Pounds of frozen food | • Pounds of produce  • Total meals |
| **Percentage** | (Total Distributed After Capacity Increase)/(Total Distributed Before) | |
| **Population Data** | • General population  • County  • Children under 18 | • Families  • The neighborhoods of … |
| **Pounds / Meals** | • 52,000 pounds in 2017  • 5000 total families served | • 52,000 meals in 2017 |
| **Rationale** | • Increasing pounds per visit  • Increasing meat products | • Adding produce to pantry  • Eliminating waste |

What is the total cost for this project? If Freestore Foodbank does not fully fund the project, how will you cover any remaining costs? Please explain how you plan to secure remaining funds if you have not already. Please attach quotes for any equipment.

**Initial cost of the project will be [COSTS]. The total cost structure is broken down below. All costs have quotes that have been attached to this application.**

**Our agency will be able to sustain the increased capacity provided by this request by [RATIONALE].**

All applicants please fill out the table below and remember we do not reimburse for sales tax.

|  |  |  |
| --- | --- | --- |
| Funding request includes | Entire project | Request from Freestore Foodbank |
| Staffing |  |  |
| Equipment |  |  |
| Related costs (installation/delivery/supplies) |  |  |
| Other |  |  |
| Total |  |  |

Enter N/A for any line items not relevant to your request and add any necessary line items

Please provide details to the above table. If staffing support is being requested please provide breakdown of hours/months related to request.

**Information should be entered here, if applicable.**

1. Please provide any additional information that you feel is important for this application including site photos, client stories or anything *directly* related to this General Capacity Building request.

**Any additional information would be entered here**

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**Application Checklist**

**This checklist is for your benefit only – you do not need to submit answers to the below**

* Does our timeline match your needs?
* Did you include updated contact information on page 2?
* Did you include your W9 as an attachment?

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* Does the amount requested in the executive summary match your budget table?
* Have you determined that this request is the best way to serve the need on page 3?
* Are you an eligible emergency food providing partner agency of the Freestore Foodbank?
* Have you considered the costs of all related expenses such as staffing, delivery, installation and ongoing expenses?
* Did you include a quote for any equipment?
* If requesting partial funding for a larger project did you explain how remaining funds have been or will be secured?
* Have you discussed the sustainability of the project and how it will provide long-term improvements after the funding cycle?
* Are your metrics for poundage and clients served realistic *and* ambitious?
* Have you fully and succinctly answered all questions (there are no page or word limits, but please use your best judgement)