



2018-19 State Spring & Fall Food Shelf Grants Application and Agreement to Contract Terms

Contact Information

Shelf Name: _____

Shelf Director: _____

Director Email: _____

Grant Contact/Finance Officer (Blank if same): _____

Grant Contact Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Shelf Phone: _____ Contact Phone: _____

Shelf Hours: _____

Hunger Solutions has secured \$750,000 in increased funds from the legislature for food shelves to purchase fruits, vegetables, and proteins as well as for a new diaper program.

Diaper funding will only be distributed one time with the Fall Food Shelf Grant. Reporting is due with the Spring Grant report.

The additional fruit, vegetable, protein funding will be distributed with both the Fall and Spring Food Shelf Grants. Reporting is due with the reports for both grant periods.

Our food shelf would like additional funding for diapers: Yes No

Our food shelf would like additional funding for fruits, vegetables and protein: Yes No

Please carefully read and sign this application and return to Hunger Solutions Minnesota no later than November 9, 2018 in order to receive Fall and Spring Grant funding

By signing this application, the above-named food shelf agrees to use Minnesota Food Shelf Program funding in accordance with Federal, State & Local laws, rules & regulations and terms and conditions as required by Hunger Solutions Minnesota and the State of Minnesota:

1. Minnesota Food Shelf funding may be spent on any food shelf related expenses, including food, salaries and operation expenses.
2. Grantees receiving funds from the Minnesota Food Shelf Program must also deliver TEFAP and maintain compliance with the TEFAP Manual.
3. The food shelf will be monitored including:
 - a. Submission of a final report documenting how the state money was spent. The final report must include copies of receipts or invoices and the fronts and backs of cancelled checks. This information must be sent to Hunger Solutions Minnesota when the money is spent or before **December 31, 2018**. Receipts must be dates during the period of Jan. 1, 2018-June 30, 2018.
 - b. Hunger Solutions Minnesota may request funds be returned or stop payment if reports are not in by date specified.
 - c. On-site visits by Hunger Solutions Minnesota and/or the Office of Economic Opportunity. The food shelf must address any corrective actions proposed by Hunger Solutions Minnesota or the Office of Economic Opportunity.
4. The food shelf is a non-profit tax exempt 501(c)(3) organization or is affiliated with another organization with tax exempt 501(c)(3) or 501(c)5 status.
5. Federal Tax ID# _____
6. Food will be distributed to persons in need at no charge regardless of race, color, religion, creed, national origin, sex, marital status, status with regards to public assistance, membership or activity in a local commission, disability, sexual orientation, age or other criteria unrelated to need.
7. The food shelf will not be used to foster or advance religious or political views.
8. The food shelf has a stable address and provides direct service to individuals and families.
9. The food shelf will provide a minimum food order of at least two (2) days of food or six (6) pounds per person on a monthly basis as requested.
10. The food shelf will be accessible to people with a disability or have a plan in place and on file at the food shelf to serve disabled clients in compliance with the Americans with Disabilities Act (ADA).
11. The food shelf will make voter registration materials available to eligible clients.
12. The food shelf will make food support materials available to eligible clients.
13. The food shelf will be responsible for proper handling & safeguarding client information and will get required permission before sharing any personal information including names and addresses.
14. The food shelf will submit accurate service statistics to the food bank by the 10th of each following month.
15. The food shelf will repay funds if there is discrimination in service or if there is failure to comply with other terms and conditions of the contract.
16. All TEFAP and State Food Shelf Grant related documents must be retained on site for 7 years.

Failure to abide by the terms of this contract will make the food shelf ineligible to receive state funds.

Signature: _____

Date: _____

Print Name: _____

Title: _____

State Migrant/Seasonal Worker Grant Supplemental Questions

Food shelves that serve a large number of migrant workers are eligible to receive funding from the State Migrant/Seasonal Worker grant. Funding is awarded on the basis of need and 2018 service statistics. As with all state grant funds, recipients must be food shelves who distribute TEFAP commodities.

Current federal definition of a migrant worker is "a seasonal worker who had to travel to do the farm work so that he/she was unable to return to his/her permanent residence within the same day." Full-time students traveling in organized groups rather than their families are excluded.

In duplicated numbers, how many migrants did you serve in the last 12 months (11/2017-11/2018)?

How many pounds of food did you distribute to migrants in the last 12 months (11/2017-11/2018)?

What other resources do you provide for migrant worker and their families?

Supplemental Questions

How do clients select their food? (Choose the **one** option that best describes most of your client visits)

- Clients receive pre-assembled boxes/bags of food prepared with no client input.
- Clients receive pre-assembled boxes/bags of food, customized to fit the client's preferences.
- Clients choose their own food from a shopping list.
- Clients choose their own food using a set weight limit.
- Clients choose their own food using set item limits.
- Clients choose their own food with no limits.
- Other: _____

How many hours per month are you open? _____

Do you have any paid staff? Yes No

How many evening hours per month are you open? (After 5:00 p.m.): _____

What is your monthly food budget? (Approximately) _____

How often do clients have access to:

	Always	Usually	Sometimes	Never
Fresh Produce				
Milk				
Eggs				
Meat				

Return by mail, email, or fax:
 Hunger Solutions Minnesota
 555 Park Street, Suite 400
 St. Paul, MN 55103

E-mail: jwalker@hungersolutions.org
 Fax: 651-789-0002

Please contact Joe Walker with any questions (jwalker@hungersolutions.org, 1-888-711-1151)