

Hunger Solutions Minnesota is now accepting applications for the **SFY 20-21 Minnesota Food Shelf Program (MFSP) COVID-19 State Grant**. This grant is a one-time appropriation from the Minnesota Legislature administered by the Minnesota Department of Human Services' Office of Economic Opportunity (MN DHS OEO) and Hunger Solutions Minnesota.

Minnesota food shelves will receive up to \$2.5 million to purchase food, diapers, toilet paper and other necessary supplies. Eligible food shelves will receive \$2,000 each in base funding. The remaining fund balance will be allocated among eligible food shelves using the Minnesota Food Shelf Program formula, which is based on number of individuals served.

Enclosed are the application materials. To ensure accuracy and timeliness, **you are strongly encouraged to submit your app online: <https://bit.ly/MFSP-Covid-Grant>** and to complete an ACH form and provide a voided copy of a check to receive payment directly to your bank account.

Please examine the terms and conditions carefully before you sign and submit it. In order for your application to be accepted, you:

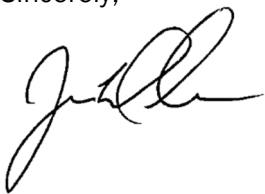
- must be a food shelf receiving TEFAP
- must be a 501(c)(3) or (c)(5)
- must be in compliance with ADA standards.

If you have any questions regarding these requirements, please let me know.

Please have your applications completed and returned by mail, email, or fax to my attention **no later than April 30, 2020.**

Thank you for all of the work you do for the people of Minnesota. If you have any questions or concerns, or ideas on how we could better serve you, please let me know.

Sincerely,



Joe Walker
Food Shelf Program Manager
Cell: 503-929-1650
Fax: 651-486-9866
Helpline: 1-888-711-1151
jwalker@hungersolutions.org

SFY 20-21 Minnesota Food Shelf Program (MFSP) COVID-19 State Grant Application and Agreement to Contract Terms

Contact Information

Food Shelf Name: _____

Food Shelf Director: _____

Email: _____

Grant Contact/Finance Officer (Blank if same) _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Food Shelf Phone: _____ Contact Phone: _____

Federal Tax ID: _____

Resources: (If you received this message by mail, please type the full web address into your browser.)

COVID-19 Grants: <http://www.hungersolutions.org/covid-19-grants/>

COVID-19 information for food shelves: <http://bit.ly/MNFoodShelvesCOVID>

MN Department of Human Services - Emergency food resources: <https://mn.gov/dhs/food-emergency>

Minnesota Department of Health: <https://www.health.state.mn.us/>

Find a food shelf near you: <http://www.hungersolutions.org/find-help/>

How to help shelves during COVID-19: <https://bit.ly/HelpFoodShelfCOVID>

Meals for kids during COVID-19: <https://bit.ly/COVIDmealsMN>

TEFAP Resource Page: <http://www.hungersolutions.org/tefap>

Status/Current Operations Questions

- 1) Current Food Shelf Status
 - a) Open – hours are the same as published
 - b) Open – change in hours or frequency of distribution
 - c) Closed
 - d) Other:

- 2) Current Food Shelf service hours (list hours for all locations, including mobile or pop-ups)

- 3) How is your food shelf serving participants?
 - a) Drive Up/curbside, - prepacked boxes
 - b) Appointment
 - c) Modified client choice
 - d) Mobile distribution route,
 - e) Mobile delivery to clients who are homebound
 - f) Other:

- 4) If you are doing mobile food delivery – what is your delivery area? If not doing food mobile delivery, what are your plans to get food to people who are home bound?

Ability to meet future and current needs:

- 5) I am confident that our food shelf has enough food to cover current demand (i.e., this week).
 - a) Strongly agree
 - b) Agree
 - c) Neutral
 - d) Disagree
 - e) Strongly disagree

- 6) I am confident that our food shelf has enough food to cover demand in the next two weeks.
 - a) Strongly agree
 - b) Agree
 - c) Neutral
 - d) Disagree
 - e) Strongly disagree

- 7) I am confident that our food shelf has the staffing and volunteer capacity needed to cover our current work needs (i.e., this week).
- a) Strongly agree
 - b) Agree
 - c) Neutral
 - d) Disagree
 - e) Strongly disagree
- 8) I am confident that our food shelf has the staffing and volunteer capacity to cover needs in the next two weeks.
- a) Strongly agree
 - b) Agree
 - c) Neutral
 - d) Disagree
 - e) Strongly disagree
- 9) What do you need at this time? Circle all that apply.
- a) Food
 - b) Supplies for pre-pack boxes (boxes, tape, etc),
 - c) Staff
 - d) Volunteers
 - e) Sanitation or hygiene supplies
 - f) Food donations
 - g) Cash donations

10) What are the most notable changes or challenges you are facing right now?

11) What is working well for you right now/what suggestions do you have to share with others?

12) If available – provide a ball park number for increase in individuals served and/or additional pounds of food you project needing.

Please carefully read and sign this application and return to Hunger Solutions Minnesota no later than **April 30, 2020**:

By signing this application, the above named food shelf agrees to use **SFY 20-21 Minnesota Food Shelf Program (MFSP) COVID-19 State Grant** 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 as detailed below:

1. Grant funding must be used to support food shelf related expenses, including the purchase of food, diapers, toilet paper and other necessary costs associated with the distribution of food.
2. Grantees receiving funds from the **SFY 20-21 Minnesota Food Shelf Program (MFSP) COVID-19 State Grant** must also deliver TEFAP and maintain compliance with the TEFAP Manual.
3. Grantees must abide by all CDC and MDH health and safety recommendations in regards to COVID-19. This applies to all food shelf distributions, staff and volunteer work, and participant and community interactions.
4. Grantees are required to participate in monitoring visits by MN DHS OEO. Monitor visits will include a fiscal review of source documentation (documentation must be retained for 7 years). Additionally, monitoring visits will include specific review of the following procedures and operations:
 - Storage and warehouse practices
 - Inventory controls
 - Household eligibility determination
 - Civil Rights training and assurances
 - Distribution of commodities
 - Reporting and record keeping
 - Compliance with nondiscrimination laws

The food shelf must address any corrective actions proposed by MN DHS OEO.

5. Grantees are required to submit the **SFY 20-21 Minnesota Food Shelf Program (MFSP) COVID-19 State Grant Final Grant Form** by July 10, 2021.
 - a. Receipts must be available upon request that equal grant amount and indicate what funds were used for.
6. 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. **Federal Tax ID#** _____
7. 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.

8. The food shelf will not require ID, proof of residency/address, or proof of income from participants.
9. The food shelf will not be used to foster or advance religious or political views.
10. The food shelf has a stable address, updated phone and website information, and provides direct service to individuals and families.
11. 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.
12. The food shelf will be accessible to people with a disability, or have a plan in place to serve disabled participants in compliance with the Americans with Disabilities Act (ADA).
13. The food shelf will make voter registration materials available to participants.
14. The food shelf will make SNAP food support materials available to participants.
15. The food shelf will be responsible for proper handling & safeguarding participant information and will get required permission before sharing any personal information including names and addresses.
16. The food shelf will submit accurate service statistics to the food bank by the 10th of each following month.
17. 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.
18. All TEFAP related documents must be retained for 7 years.

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

Signature: _____

Date: _____

Print Name: _____

Title: _____