

NOTE: This is a copy of application questions required to be completed to be considered for the COVID-19 Minnesota Food Shelf Program (MFSP) Transportation Service Funds. This document is for review to help prepare responses for the application.

All funding requests **must be made electronically** via : <https://bit.ly/MFSP-transport-grant>

Application for COVID-19 MFSP Food Transportation Service Fund

This application serves as the request for COVID-19 Emergency Response Funds designated to the Minnesota Food Shelf Program by the Minnesota legislature on Thursday, March 27th for transportation services to support food security in response to COVID-19.

This is a rolling application. You can fill out additional applications as your needs increase or change. Please submit individual funding request(s) of COVID-19 response related expenses (up to \$100,000 per request). If funding is approved, and the entity requesting funds is an eligible applicant, funds will be sent to the provider no later than 2-3 weeks after request is approved.

Eligible entities who may apply for funds include, but are not limited to: Tribal Governments, Nonprofit Agencies, or Local Units of Government. Grant funds may be used to support transportation efforts through initiatives such as mobile food shelves, meal programs, and other support services that get free or low-cost food assistance to people in need. Programs should be planned so that people receive food regardless of immigration status.

By submitting this form you agree to:

- Provide a W-9 form confirming agency authenticity;
- Provide ACH form, with a voided check copy
- Use funds only for purposes identified in award letter. Receipts must be available upon request that equal grant amount and indicate what funds were used for;
- Document and maintain records of all expenses, to be maintained for seven years;
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- Be monitored by Hunger Solutions Minnesota, in coordination with the Department of Human Services.
- 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.

Funds can only cover expenses from April 13, 2020 and beyond (i.e. funds cannot be used to cover any expenses incurred prior to April 13, 2020). Funds must be expended by June 30, 2021.

Application Questions

* Response Required

1. Provider name: *
2. Primary provider address: *
3. If services will be provided at a different location than the main address above, please list address(es)/detail(s) below: *
4. For non-profit organizations, provide your total revenue in the most recently completed fiscal year. *

Primary Program Contact

5. Full Name (First and Last): *
6. Email Address: *
7. Phone Number (###-###-####): *

Fiscal Contact

8. Name (First and Last): *
9. Email Address: *
10. Phone Number (###-###-####): *

Grant funds may be used to support transportation efforts through initiatives such as mobile food shelves, meal programs, and other support services that get free food assistance to people in need.

11. Briefly describe your program model for using transportation services to increase free food assistance for people in need.

12. Please select the transportation program model(s) that best represents this funding request: *

Check all that apply.

Mobile Food Shelf Program (establish new or maintain/expand existing)

Meal Delivery Program

General Transportation and Food Distribution Services

Facilities or Storage Space to Enable Food Transport

"Last Mile" food delivery to people in need

Other

13. Please select the food distribution program model(s) that best represents this funding request: *

- a) Drive Up/curbside, - prepacked boxes
- b) Appointment
- c) Modified client choice
- d) Culturally specific food offerings
- e) Mobile distribution route,
- f) Mobile delivery to clients who are homebound
- g) Other:

14. Primary target population(s) for this funding request? *

Be as specific as possible.

15. Describe how this funding directly increases food security and access from COVID-19 virus:

*

16. Number of households who will be supported with this request: *

17. What is your TOTAL FUNDING REQUEST for Food Security Transportation Services? (up to \$100,000)*

18. Brief budget narrative describing request amount. For example, provide –an itemized breakdown of projected costs within categories such as food, mileage, vehicle costs (purchase, lease, rental, etc) and/or maintenance, personnel, gas, utilities, supplies to transport food, sanitation and hygiene supplies, and more. Administrative costs cannot exceed 4%, as outlined in statute.

Local Coordination

19. Please describe how project(s) are coordinated with local efforts (e.g. work of non-profits, cities/counties, Tribal governments, public health, etc.) to respond to COVID-19. *

Unmet Need (response optional)

A response to this question is not required to submit your request.

20. It would be helpful for us to understand your comprehensive needs in responding to COVID-19--including needs ineligible for these funds or otherwise unable to be met. This information will be shared with other entities supporting this work.