

Minnesota COVID Food Fund Grant Application Questions

This application serves as a request for funding through the Minnesota COVID Food Fund (MCFF). These funds originate with the federal CARES Act and have been designated by the State of Minnesota to support food distribution efforts in Minnesota in response to the COVID-19 pandemic. This grant application is directed by the Minnesota Department of Human Services in partnership with Hunger Solutions Minnesota.

This grant will fund necessary expenditures incurred due to the COVID-19 public health emergency. \$6 million will be awarded in total, with a maximum grant allotment of \$250,000, and no minimum amount. The grant funds can cover costs from July 1st, 2020- December 30th, 2020. Applications for this grant must be submitted by 11:59 pm on September 14th, 2020 to be considered. The Department of Human Services and Hunger Solutions anticipate that funds will be issued 2-3 weeks after grant funding is approved.

Eligible entities who may apply include, but are not limited to: Tribal Government, nonprofit agencies or local units of government. Grantees do not need to be current Minnesota Food Shelf Program grantees, nor do they have to be current grantees of any funding from the Department of Human Services, or the Office of Economic Opportunity (DHS OEO). Programs should be planned so that people receive food regardless of immigration status.

Allowable uses for the MCFF grant fund include necessary expenditures incurred due to COVID-19, including but not limited to: food costs and culturally specific foods, equipment, vehicle purchase or rental, gas and mileage, staffing and personnel, marketing, translation services, computers and technology, diapers and hygiene supplies, and supplies to follow public health guidelines.

- 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.
- Funds can be used to purchase a durable good that is to be used during the current period and in subsequent periods if the acquisition in the covered period was necessary due to the public health emergency. *Grant recipients will be required to justify and document how purchases are necessary to the COVID-19 pandemic

Please note, you are NOT able to save your progress along the way.

*<https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Guidance-for-State-Territorial-Local-and-Tribal-Governments.pdf>

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 purpose identified in award letter. Receipts must be available upon request that equal the grant amount and indicate what funds were used for;
- Document and maintain records of all expenses, to be maintained for seven years;
- To be monitored by Hunger Solutions Minnesota, in coordination with the Department of Human Services. All grant awards over \$50,000 will need to comply with a monitoring visit, but all grantees must be prepared to show documentation on request. Monitoring visits may happen virtually, or in person depending on COVID-19.

- Abide by all CDC and MDH health and safety recommendations in regards to COVID-19. This applies to all food distributions, staff and volunteer work, and participant and community interactions.

Funds can only cover expenses from July 1st, 2020 - December 30, 2020 (i.e funds cannot be used to cover any expenses incurred prior to July 1st, 2020). FUNDS MUST BE EXPENDED BY DECEMBER 30th, 2020. Final reporting for this program is due January 15th, 2021.

1. Email address

*

2. Name of Organization

*

3. Primary Contact First Name

*

4. Primary Contact Last Name

*

5. Primary Contact Email

*

6. Primary Contact Phone

*

7. Fiscal Contact First Name

*

8. Fiscal Contact Last Name

*

9. Fiscal Contact Email

*

10. Fiscal Contact Phone

*

11. Organization Address - Street

*

12. Organization Address - City

*

13. Organization Address - State

*

14. Organization Address - Zip

*

15. Organization County

*

If services provided will be done from a different address than listed above, please enter it here:

16. Federal Tax ID

*If non-applicable please enter 'N/A'

17. What type of food distribution model does your organization run?

*

Check all that apply

Food Shelf

Mobile Food Shelf

Food Bank

Meal Program

Delivery Meal Program

Grocery/Food Shelf Delivery

Backpack program / Child focused program

Other...

18. Please let us know if your agency led by and for Black people, Indigenous people, people of color, and/or people from rural communities?

*

Black people

Indigenous people

People of color

People from rural communities

Does not apply

19. Please select any/all target communities your agency serves:

*

Black People, Indigenous People, People of Color

Seniors

Children

Individuals experiencing homelessness

Culturally specific communities

Traditionally under-served communities

Other

20. Please share and demonstrate how you are serving or will serve targeted communities during the pandemic?

*

(BIPOC, seniors, children, individuals experiencing homelessness, culturally specific communities... etc.)
Priority will be given to agencies led by and serving BIPOC and other targeted communities.

Minnesota COVID Food Fund - Grant Use

21. What is the total grant amount you are requesting?

*

The maximum grant award allowable is \$250,000. Grants given of \$50,000 or larger will require a monitoring visit and fiscal review. All grantees must be prepared to show documentation on request.

22. What will these funds be used for?

Check all that apply. Please be prepared to send bids for any single purchases over \$20,000.

Food

Culturally specific foods

Distribution Supplies (boxes, packing tape, etc.)

Vehicle purchase or rental

Transportation Costs (delivery costs, mileage, gas, vehicle repairs, gas cards)

Personnel and staffing

Equipment (freezer, shelving, storage)

Diapers and personal hygiene supplies

Marketing and advertising costs

Translation/interpretation services

Computers and other technology

PPE or other supplies to follow public health guidelines

Other...

23. Please include itemized breakdown of funds allocated to the above.

*

If you have a single expense of \$20,000 or more, bids will be required. Bids can be emailed to Dianne Davis-Kenning at davis063@umn.edu.

24. How much money has your organization spent on allowable costs in July and August 2020 that could be applied toward this grant, if approved?

*

25. Please explain how these funds will be used to respond to the COVID-19 pandemic.

*

This grant MUST be used to respond to the COVID-19 pandemic. i.e. hire and pay an additional staff, new equipment like shelving, refrigerator etc. to store the increase of food needed to distribute.

26. Please provide any other additional information regarding how these grants funds will be used:

*

27. Has your organization received any other COVID-19 relief funding?

*

Yes

No

Please be prepared to show documentation that distinguishes grant awards

28. If yes, please list all federal, state or local grants that you have received.

*

29. What was the total in funding you have received from other COVID-19 relief funds?

*

Assurances, Terms and Conditions

By signing this application, the above-named food program agrees to use the Minnesota COVID Food Fund 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 program related expenses, including food costs and culturally specific foods, equipment, vehicle purchase or rental, gas and mileage, staffing and personnel, marketing, translation services, computers and technology, diapers and hygiene supplies, and supplies to follow public health guidelines.

2. Grantees must abide by all CDC and MDH health and safety recommendations in regards to COVID-19. This applies to all food program distributions, staff and volunteer work, and participant and community interactions.

3. Grantees are required to participate in monitoring visits by the Minnesota Department of Human Services' Office of Economic Opportunity (MN DHS OEO) or Hunger Solutions Minnesota. Monitoring visits will consist of a fiscal review of source documentation (documentation must be retained for 7 years).

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

4. Grantees are required to submit the Minnesota COVID Food Fund Final Grant Form by January 15th, 2021.

- Receipts must be available upon request that equal grant amount and indicate how funds were used.

5. The food program is either a non-profit tax exempt 501(c)(3) organization, community-based agency, or Tribal Nation.

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 program will not require ID, proof of residency/address, or proof of income from participants.
8. The food program will not be used to foster or advance religious or political views.
9. The food program has a stable address, updated phone and website information, and provides direct service to individuals and families.
10. The food program 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).
11. The food program will make voter registration materials available to participants.
12. The food program will make SNAP food support materials available to participants.
13. The food program will be responsible for proper handling & safeguarding participant information and will get required permission before sharing any personal information including names and addresses.
14. The food program will repay funds if there is discrimination in service or if there is failure to comply with other terms and conditions of the contract.
15. All grant related documents must be retained for 7 years.

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

Signature

*

By typing your name in this box, this serves as your signature and you agree to abide by these terms and conditions)

Title

*

Date

Question Type

Month, day, year