

Request for Proposals: Capital Needs/Capacity Funding Grant Opportunity Addressing Food Insecurity Related to COVID-19

Due Date: Friday, November 6, 2020

The following is a narrative of the required application (linked above as an online application):

<u>Sectio</u>	n 1: Agency Information
	Agency Name:
	City, State:
	Agency EIN #:
	Contact Person at Agency:
	☐ Title:
	☐ Email Address:
	Name of Service/Program:
	Type of Program:
Section	n 2: Program Description and Grant Request
	Brief Summary of Grant Request (40 words max.)
	Amount of Grant Request:
	Program Description (350 words max.)
_	Describe the agency's current or proposed services which address food insecurity. Include
	service components, service objectives, target population, length of time in operation and track record of service to the community (for existing services). Indicate estimated percentage of current Jewish community clients and anticipated Jewish community clients who will be
	served with the increased capacity provided by the grant funding.
	Need Addressed (250 words max.)
	Describe the issue or need addressed by this grant proposal. Include explanation of the
	impact this grant will have on the program and the community.
	Scope (250 words max.)
	Indicate the current number of clients served per year and, the degree to which the grant
_	funding will increase the capacity of the program, indicate the post-grant capacity as well:
	Sustainability Plan
	What are your plans for continuing this service beyond the grant period?

Section 3: Financial Information

0	Agency Annual Operating Budget Project Budget (please use <u>budget template</u> that is provided) Indicate the total dollar amount of the project or program, with specific capital, staff, or material costs and other direct costs itemized as appropriate. Indicate the amount of the grant requested and the amount of funding anticipated to be received from other sources. The grant requested through this RFP should represent no more than one-third of the total project budget. Please use <u>the budget template</u> and upload where indicated.
	Other Funding Sources Indicate the anticipated sources of the two-thirds matching funding, including the expected timing of receipt of this funding (received, committed, pending, not yet applied) and any anticipated challenges to raising the matching funds. Please note : Agencies may use up to 10% of the requested grant funds to support staffing expenses. For purchases of equipment or other capital expenditures, agencies will be asked to document purchases with copies of paid receipts.
Please	n 4: Timeline indicate the anticipated timeline from application to full implementation of the project ing the timing required to raise matching funds).
	n 5: Agency Approval CEO/ED: Please indicate that the CEO/ED of the agency has approved the submission of this

☐ Board: If a project of this type would require board approval at your agency, please indicate

that the agency's board of directors is supportive of this application.

application.