

Submit to info@capfoodaccess.org

SECTION 1: APPLICANT INFORMATION

1. Applicant Name:
2. Business Type (501c3, Corporation, LLC, other – please specify):
 - a) *Note: You may be required to provide supporting documentation, pending review of your application.*
3. Tax ID Number:
4. Applicant Email:
5. Applicant Phone Number:
6. Applicant Mailing Address:
7. Applicant Address:
8. Please confirm the following for your organization/business.
 - a) All required business license(s) are valid and up to date: ☐ Yes ☐ No ☐ N/A
 - b) All required permits are valid and up to date: ☐ Yes ☐ No ☐ N/A
9. Applicant Service Area: (Check all that apply)
 - a) ☐ Citrus Heights
 - b) ☐ Elk Grove
 - c) ☐ Folsom
 - d) ☐ Galt
 - e) ☐ Rancho Cordova
 - f) ☐ Sacramento
 - g) ☐ Unincorporated Sacramento County

SECTION 2: NETWORK SERVICES

1. Briefly describe your organization/business, services, and mission.
2. Do you/ will you work directly with the following: (Check all that apply)
 - a) ☐ **Food Recovery Services:** A person or entity that collects and transports edible food from an edible food generator (donor) to a food recovery organization or other entities.
 - b) ☐ **Food Recovery Organizations:** An entity that engages in the collection or receipt of edible food from an edible food generator (donor) and distributes that food to the public, either directly or through other entities. Including but not limited to: a food bank, a nonprofit charitable organization, a nonprofit's charitable temporary food facility.

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- c) ☐ **Tier 1 Edible Food Generators:** Supermarket, Grocery Store: total facility size equal to or greater than 10,000 sq. ft., Food service provider, Food distributor, Wholesale food vendor.
- d) ☐ **Tier 2 Edible Food Generators:** Restaurants with 250+ seats, or a total facility size equal to or greater than 5,000 sq. ft., Hotel with an on-site food facility and 200+ rooms, Health facility with an on-site food facility and 100+ beds, Large venue, Large event, State agency with cafeteria with 250+ seats or total facility size equal to or greater than 5,000 sq. ft., Local education agency with on-site food facility.
3. Do you provide any of the following services to Food Recovery Organizations/ Services and/or Tier 1/ Tier 2 Generators: (Check all that apply)
- ☐ Transportation/logistics
 - ☐ Food safety training
 - ☐ Food safety audits
 - ☐ Cold storage
 - ☐ Warehouse storage
 - ☐ Other training/marketing education
 - ☐ Other (write in)

SECTION 3: PROPOSAL INFORMATION

3A: PROPOSAL SHORT ANSWER RESPONSES

- Briefly describe the project you plan to implement using this funding. Please include a description of your collaboration with any other organizations or entities as it relates to your project plan.
- Briefly describe how this funding will benefit organizations within the food recovery network and help increase their capacity to accept more food donations and/ or distribute more food.
- Complete the table below with up to 5 concise 'SMART' (Specific, Measurable, Achievable, Relevant, and Time-Bound) objectives for the proposed request. *See the Funding Description Document for more details about SMART objectives. You may use the table below or download a template spreadsheet [here](#).*

	List of Objectives (Goals)	Activities	Timeline (Start Date-End Date)	Outcomes	Measurement
OBJECTIVE 1					
OBJECTIVE 2					
OBJECTIVE 3					
OBJECTIVE 4					
OBJECTIVE 5					

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EXAMPLE

	List of Objectives	Activities	Timeline	Outcomes	Measurement
OBJECTIVE 1	Provide food safety training and audits to food recovery organizations and food recovery services	Provide an in-person training Provide resource documents for reference Conduct an in-person audit and provide a follow up report	June 2024 – December 2024	Promote food safety and mitigate food borne illness	Document the number trainings and audits Provide monthly summary reports about the trends and opportunities for improvement

3B: PROPOSAL BUDGET REQUEST

You may use the table below or download a template spreadsheet [here](#).

1. BUDGET SUMMARY

Total Grant Funds Requested: \$ _____

CATEGORY	AMOUNT
Equipment and Supplies	\$ _____
Training and Professional Services	\$ _____
Personnel Costs	\$ _____
Other _____	\$ _____
TOTAL BUDGET REQUESTED	\$ _____

2. EXPENSE BREAKDOWN

a) Equipment and Supplies:

ITEM	DESCRIPTION	AMOUNT	QUOTES (attach/upload)	RELATIVE TO OBJECTIVE __:

b) Personnel Costs:

STAFF POSITION	ACTIVITY	RATE/ HOUR	TOTAL HOURS	TOTAL COST	RELATIVE TO OBJECTIVE __:
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c) Training and Professional Services:

TITLE	DESCRIPTION	AMOUNT	QUOTES (attach/upload)	RELATIVE TO OBJECTIVE __:

d) Other:

TITLE	DESCRIPTION	AMOUNT	QUOTES (attach/upload)	RELATIVE TO OBJECTIVE __:

SECTION 4: PROPOSAL SUBMISSION

1. Please confirm your commitment to completing the following activities during your grant period.

☐ Yes ☐ No

- a) Funds will solely benefit Sacramento County or affiliated Cities.
- b) Track data.
- c) Provide reports upon request (to be detailed in your agreement).
- d) Attending at least one feedback meeting with Abound Food Care.
- e) Submit grant reporting

APPLICANT SIGNATURE:

SUBMISSION DATE: