

Submit to info@capfoodaccess.org

SECTION 1: APPLICANT INFORMATION

1. Applicant Name:
2. Organization or Business Type (501(c)3, 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 Sacramento County Operation Location(s) & Address:
8. Please confirm the following for your organization.
 - 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
 - c) Staff and volunteers maintain appropriate food handlers or food safety manager certifications as necessary or required by the state or local mandates: ☐ Yes ☐ No ☐ N/A
 - i. If yes, please list your designated food safety manager information:
 1. Name:
 2. Certification Type:
 3. Certification Entity:
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
10. Briefly describe your organization and mission.

SECTION 2: CAPACITY QUESTIONS

1. Do you collect food donations? ☐ Yes ☐ No
 - a) If yes, does your organization meet either of these definitions?
 - i. **Food Recovery Service:** A person or entity that collects and transports edible food from an edible food generator (donor) to a food recovery organization or other entities. ☐ Yes ☐ No
 - ii. **Food Recovery Organization:** 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. ☐ Yes ☐ No
 - b) Do you collect food donations outside of Sacramento County? ☐ Yes ☐ No ☐ N/A
 - i. If yes, from where?
2. Please estimate your current recovery and distribution and select the period.
 - a) Number of pounds of edible food collected (Monthly/ Annually)
 - b) Number of pounds of edible food distributed (Monthly/ Annually)
 - c) Number of meals served (Monthly/ Annually)
 - d) Number of individuals served (Monthly/ Annually)
3. Does your organization use scales to weigh incoming food donations? ☐ Yes ☐ No
 - a) If no, how do you track your donations?
4. Does your organization use any software to track food donations or keep track of records? ☐ Yes ☐ No
5. What is your current level of weekly waste service? (Number of containers, size of containers and number of pickups per week). *For example, (1) 64-gallon organics cart picked up one time per week.*
 - a) Garbage:
 - b) Recycling:
 - c) Organics:
6. Briefly describe the method your organization will use to quantify inedible food waste.
7. Briefly describe how your organization works with **Tier 1 Generators**¹. (If your organization does not work with Tier 1 Generators respond N/A)

¹ **Tier 1 Generator:** Supermarket, Grocery Store: total facility size equal to or greater than 10,000 sq. ft., Food service provider, Food distributor, Wholesale food vendor. See Funding Description Document for more detailed definitions.

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8. Briefly describe how your organization works with **Tier 2 Generators**². (If your organization does not work with Tier 2 Generators respond N/A)
9. Please list your distribution days and hours.

SECTION 3: PROPOSAL INFORMATION

3A: PROPOSAL SHORT ANSWER RESPONSES

1. 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.
2. Briefly describe how this funding will benefit your organization in increasing your capacity to accept more food donations and/ or distribute more food.
3. 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.*

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

EXAMPLE

	List of Objectives	Activities	Timeline	Outcomes	Measurement
OBJECTIVE 1	Recover and distribute 500 more pounds per month of perishable product from current donors	Purchase new refrigerator Install new refrigerator Communicate capacity increase to generators Collect more perishable product	June 1 – June 30, 2024 July 1 – 7, 2024 July 10, 2024 July 17, 2024	Recover and distribute 500 more pounds per month of perishable product from current donors Distribute at least 80% of these perishable products to clients	Weigh pounds of produce, meat and dairy collected per month Weigh pounds of produce, meat and dairy distributed per month

² **Tier 2 Generator:** 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. See Funding Description Document for more detailed definitions.

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		Distribute more perishable product to clients	July 17, 2024 - ongoing		
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3B: PROPOSAL BUDGET REQUEST

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 __:

c) Training and Professional Services:

TITLE	DESCRIPTION	AMOUNT	QUOTES (attach/upload)	RELATIVE TO OBJECTIVE __:
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**EDIBLE FOOD RECOVERY MICROGRANT
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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) Use current scales, or purchase scales with funds requested, to weigh food donations.
- c) Track distribution data.
- d) Track waste data.
- e) Provide reports upon request (to be detailed in your agreement).
- f) Complete Food Safety Requirements.
- g) Complete the edible food recovery capacity survey with Abound Food Care.
- h) Attending at least one feedback meeting with Abound Food Care.

APPLICANT SIGNATURE:

SUBMISSION DATE: