

UNITED WAY OF PALM BEACH COUNTY HUNGER RELIEF

2021-2022 FOOD STORAGE CAPACITY GRANT APPLICATION

CONTACT INFORMATION	
Agency:	Contact:
Title:	Phone:
E-mail:	Address:
City:	State: Zip:

CURRENT REQUEST
Which category of assistance are you requesting? (Check all that apply)
<input type="checkbox"/> Freezer <input type="checkbox"/> Commercial Refrigerator <input type="checkbox"/> Dry Storage <input type="checkbox"/> Other _____

REQUEST HISTORY
Did you apply for the Cold Storage Capacity Grant previously? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, did you receive a unit? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type of cold storage unit did you receive?
<input type="checkbox"/> Freezer <input type="checkbox"/> Commercial Refrigerator <input type="checkbox"/> Both <input type="checkbox"/> Other _____

APPLICATION CHECKLIST

REMINDER! Applications must be complete and include all requested information to be considered.

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| <ul style="list-style-type: none"> Application Cover Page Application Questions IRS 501(c)(3) Determination Letter Three (3) months Food Distribution Sheets | <ul style="list-style-type: none"> Food Safety Training Certificate Proof of 211 Palm Beach/Treasure Coast partnership Proof of local food bank partnership (minimum of three-months partnership) Three (3) months proof of all consistent food sources |
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SIGNATURE
Your signature below indicates your commitment to adhere to the award requirements outlined in the grant guidelines.
Name: _____
Signature: _____
Date: _____

SUBMISSION INSTRUCTIONS

Application and attachments must be submitted as a single PDF document.

Email completed application no later than December 6, 2021, 11:59 p.m. to:

Liz Cabral, United Way of Palm Beach County, Hunger Relief Manager at HungerRelief@unitedwaypbc.org.

Subject line of the email should read: Cold Storage Capacity Grant Application – *Name of Your Organization*

Directions: Answer the following questions and be as specific and succinct as possible. Please reference the guidelines for additional information. Only answer the following questions for the site you are applying for.

Community Presence

1. Describe the type of program your organization runs (i.e., food pantry, after-school meals, shelter).

2. What are your hours of operation for food distribution? (Please fill in all the days that apply and specify A.M. or P.M. for all times). Under "Frequency," write how often your organization distributes food on that day throughout the month (i.e., Every Thursday, every third Thursday of the month or not open). **See Appendix A in the guidelines for examples.**

Days of Operation	Frequency	Start Time	A.M./P.M.	End Time	A.M./P.M.
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

3. What is the average number of people you provide food assistance to each month? Provide the number of people served next to the range. **See Appendix B in the guidelines for an example.**

Range	Number of People Served (Whole Number)
Less than 25	
26 – 50	
51 – 75	
76 – 100	
101 – 150	
151 – 200	
201 – 250	
251 – 300	
301 – 350	
351 – 400	
401 – 450	
451 – 500	
501 – 600	
601 – 700	
701 – 800	
801 – 900	
More than 900	

Current Capacity

4. What is your current storage capacity in cubic feet for the following types of storage?

Type of Storage	Length	Width	Height	None
Refrigeration				
Freezer				
Dry goods				

5. How many pounds of refrigerated food, frozen food and dry goods do you store monthly? Provide the actual weight next to the range for each type of storage (refrigerated, frozen, dry goods).

Range	Refrigerated	Frozen	Dry Goods
None			
Less than 50 lbs			
51 – 100 lbs			
101 – 150 lbs			
151 – 200 lbs			
201 – 250 lbs			
251 – 300 lbs			
301 – 350 lbs			
351 – 400 lbs			
401 – 450 lbs			
451 – 500 lbs			
501 – 550 lbs			
551 – 600 lbs			
601 – 650 lbs			
651 – 700 lbs			
More than 700 lbs			

6. How many pounds of product do you distribute monthly? Provide the actual number of pounds distributed next to the range.

Range	Pounds of product distributed (provide actual number)
Less than 100 lbs	
101 – 150 lbs	
151 – 200 lbs	
201 – 250 lbs	
251 – 300 lbs	
301 – 350 lbs	
351 – 400 lbs	
401 – 450 lbs	
451 – 500 lbs	
More than 500 lbs	

7. How many days does it take to completely distribute all your product to people in need? (From when food arrives at your pantry to when food is given out.) Check a range for both refrigerated food and frozen food.

Days	Refrigerated	Frozen	Dry goods
1 – 3			
4 – 7			
8 – 10			
11 – 14			
More than 14 (Estimate the number of days)			

8. How many pounds of food per month are discarded because it exceeds its shelf life and/or spoilage? Provide the actual number of discarded pounds next to the range.

Range	Pounds of food that are discarded monthly (provide actual number)
Less than 50 lbs	
51 – 100 lbs	
101 – 150 lbs	
151 – 200 lbs	
201 – 250 lbs	
251 – 300 lbs	
301 – 350 lbs	
351 – 400 lbs	
401 – 450 lbs	
451 – 500 lbs	
More than 500 lbs	

9. Explain why your food distribution takes the number of days you answered in question 7 for refrigerated product.

10. Explain why your food distribution takes the number of days you answered in question 7 for frozen product.

11. Explain why your food distribution takes the number of days you answered in question 7 for dry goods.

12. Explain why your agency discards the number of pounds of food you answered in question 8.



Request Type

13. Indicate the type and number of storage units and/or dry storage equipment you are applying for.

Freezer _____ Commercial Refrigerator _____ Dry Storage _____ Other _____

14. If you are applying for the “Dry Storage” or “Other” option (such as: smaller or larger refrigerator/freezer or a window A/C unit for dry storage rooms), explain why this type of equipment is needed and make sure to **include the estimated cost and dimensions. Failure to provide an estimated cost and dimensions will result in an incomplete application and will not be taken into consideration.**



15. Applicants applying to receive a combination of storage units (freezer, commercial refrigerator, dry storage, other) are not guaranteed to be awarded multiple units due to the expected volume of applications. Select your first, second and/or third choice by writing "1" next to your first choice, "2" next to your second choice, and "3" next to your third choice. This information will only be used in the case of high demand.

Freezer _____ Commercial Refrigerator _____ Dry Storage _____ Other _____

16. Explain why your pantry should be awarded. Please be specific on how the added equipment will benefit the community you serve.

Specifications

17. Are the electrical outlets in your building in good condition and able to handle increased voltage?

Yes

No	
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18. If electrical outlets are not in good condition, do you have the means to get them repaired?

Yes

No	
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19. Can your organization absorb the increased costs of an additional cold storage unit(s) in your electric bill?

Yes

No	
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20. Do you have the space for a cold storage unit(s) in your existing building?

Yes

No	
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Community Collaboration

21. Is your agency partnered with any of the following?

(NOTE: Your agency must be partnered with 211 Palm Beach/Treasure Coast and one of the local food banks to receive storage equipment. Failure to submit proof of partnership will result in an incomplete application that will not be taken into consideration. If you are not affiliated with a food bank, and believe you qualify for assistance, you must provide documentation proving partnership with a food providing agency [i.e., federal funding]. All other qualifiers still apply.)

Organization	Yes	No
211 Palm Beach/Treasure Coast		
Palm Beach County Food Bank		
Feeding South Florida		
The Glades Initiative		
Farm Share, Inc		



Other

22. **Optional:** What are other things your organization is in current need of? Please provide a detailed list. This information will not be taken into consideration when reviewing the application. We are interested in knowing additional community needs.