



## Application for Food Recovery Grants

Organization Name:

Date of site assessment:

Recycling experts who helped complete this application:

Applicant name:

Additional contact name:

Additional contact email:

Primary Organization Address:

Other Organization Addresses:   
*If your organization has multiple locations from which food will be distributed, please list them here.*

Applicant Phone Number:

Applicant Email Address:

Organization Type:  Non-profit  Community/neighborhood-based organization  Business

### Organization Demographics (optional)

We want to better understand who our program is reaching and how to meet the unique needs of each organization. Please check any boxes that apply to your organization.

**Organization/Business Leadership (select all that apply) - Please answer based on organization's executive director or business owner:**

- Women led  American Indian/Alaska Native led  Asian led
- Black or African American led  Latino/Hispanic led  White led
- Two or more races led  Immigrant led  Not applicable

**Brief description of organization, including mission, key objectives, and populations/geographic areas served.** *An attached program brochure or linked website page with this information is acceptable.*

**Food justice** entails ensuring universal access to nutritious, affordable, and culturally appropriate food for all (Boston University Community Service Center). The Food Recovery Grant funds can help address structural oppression while eliminating barriers to providing healthy, affordable, and culturally relevant food to our vulnerable communities.

**Table Instructions:** Please complete the table below to highlight any underserved populations being assisted through your current services.

Population Served	Percentage of client population
Low-income Residents	
BIPOC Residents	
Elderly Residents	
People without transportation	
Youth	
Others:	

**Please describe any activities in your program that address food access and justice.**

**Description of Activities:** Please provide a detailed description of the food recovery and gleaning activities that you plan to do using this grant.

**Organizations recovering food:** Please include information about your timeline, organizations/farms/markets from which you plan to recover food, locations of activities, and plans for distributing collected food (including partnering organizations, if applicable).

**Organizations donating food:** Please include information about organizations to which you plan to donate (including locations) and specific details about the types of food and estimated quantities being donated (for example, dairy products, fresh produce, etc.).

How many pounds of food do you currently collect/recover or donate per week?

Do you anticipate that amount increasing through this program? If so, how many additional pounds do you estimate collecting or donating per week?

How do you plan to sustain your efforts after the grant period has ended?

**Organizations recovering food only:** How many pounds do you currently distribute per week? (Can be same as above if all food collected is distributed)

How do you currently dispose of food waste? (i.e. food scraps collection, food to hogs, trash collection)

Location(s) and organization name(s) in Ramsey County and/or Washington County where food will be collected and estimated amount of food to be collected.

Have you already received approval from these organizations to collect food at these location(s)?  Yes  No

If you answered no, describe your engagement plan and timeline to receive permission to collect from these organizations.

**Budget:**

Total requested funding:

Please complete the budget and staffing tables below.

<b>Budget Table</b>						
<i>Please complete the table below with information about each item that would be purchased with grant funds. Please list each material in a separate row (you may have more than one row for each activity). If the item you are listing does not have a number, such as staff time, complete the staffing costs table below.</i>						
Activity	Materials	Quantity	Cost Per Unit	Total Cost	Link to Product (if applicable)	TOTAL:

<b>Staffing Costs Table</b>			
<i>If you are applying for reimbursement for staffing costs, please fill out the following table. Please note: The maximum amount that this grant can cover is up to \$15,000 or the equivalent of a .5 FTE salary, whichever is less, and all time supported by the grant must be focused on food recovery work (collection, sorting, and distribution of recovered food). Additionally, the hours will be calculated for 18 months, or 78 weeks.</i>			
Employee Title/Role	Anticipated hours/week spent on food recovery/gleaning	Hourly Wages/ Salary	Total Cost

Are you interested in other assistance to help your organization reduce waste (food and other types)? If so, please explain.

Please send your completed application to [info@bizrecycling.com](mailto:info@bizrecycling.com)