Capacity Grant Opportunity
For Second Harvest Community Food Bank Partner Agencies

The Second Harvest Community Food Bank (SHCFB) is opening an opportunity which will build capacity within our food pantries and community meal sites. SHCFB invites qualified Partner Agencies to apply for this program to enhance your facility. The purpose of this grant is to allow Partner Agencies to expand services in their areas. By supplying them with tools to increase the distribution of food into areas of high food insecurity.

Agencies can apply for a grant to purchase the following:

- Household combination refrigerator/freezer
- Upright freezer
- Upright refrigerator
- Coolers
- Thermal Blankets
- Shelving Unit
- Scales
- Grocery Carts

Criteria for Participation:

- Agencies must be in good standings (i.e. not have a past due balance on account).
- Actively ordering each month
- Current on Monthly Agency Reports and Monthly Donations Report
- No issues with site inspections
- Full compliance with Food Safety and Civil Rights training
- Active participant in Annual Partner Agency Conferences
- Active participant on Oasis Pantry Tracking Software

Grant Expectations: If awarded the grant, partner agencies must adhere to the following:

- Partner Agency will agree to, and comply with the Capacity Grant Agreement
- Partner Agency will agree to submit the grant’s monthly report that documents the effectiveness and expansion of services provided by the site.
- Time commitment of available hours to the public, to be Partner Agency
2020 Agency Capacity Building Grant Application

Part I: Program Information

Name of Partner Agency: ________________________________________________________________

Name of Site Coordinator: _____________________________________________________________

Site Address: ______________________________________________________________________

Mailing Address: ____________________________________________________________________

County Served: ____________ Contact Phone Number: ____________________________

Email Address: _________________________________________________________________

Part II: Proposal

1. Please describe your agency and program, including the geographic area served. How many clients does your program serve each month? Provide duplicated and unduplicated numbers.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________

2. Choose the top 3 items that your agency needs. Please rank them in the order of importance with 1 being the most important and 3 being the least important.

1. ________________________________

2. ________________________________

3. ________________________________
3. With each of the items chosen, how will they be used?

   Item #1:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   Item #2:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   Item #3:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

4. Will this equipment allow you to serve more people? If so, how? Be specific.

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

5. How will this equipment allow you to better serve your clients? Be specific.

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
Application Signature:

Signature: ____________________________________________

Date: ______________________________

- Grant must be signed by the Director or Main Volunteer of the agency applying for the grant.
- Incomplete applications will be disqualified.

Grant Applications must be submitted to:

Mail:
Second Harvest Community Food Bank
Attn: Director of Programs
915 Douglas
St. Joseph, Missouri 64505

Email:
salexander@shcfb.org

Fax:
816-364-6404