

## 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:

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Item #2:

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Item #3:

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

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

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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](mailto:salexander@shcfb.org)

Fax:  
816-364-6404