

**FY2019 STATE FOOD PURCHASE PROGRAM  
REQUEST FOR FUNDING (RFF) – GLEANING SUPPORT GRANT  
PROGRAM APPLICATION**

**SECTION A – APPLICANT INFORMATION**

1. Name of Applicant: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Contact Person/Title: \_\_\_\_\_
4. Phone: \_\_\_\_\_
5. Fax: \_\_\_\_\_
6. Email: \_\_\_\_\_
7. Organization website: \_\_\_\_\_
8. Federal Employer ID Number (FEIN): \_\_\_\_\_
9. Federal IRS Letter of Determination granting non-profit status: A copy of the letter must be attached to this page of the RFF and the name on the letter must match the “Name of Applicant” above.
10. Name and Title of Individual Authorized to Sign Contractual Agreements for the Applicant: \_\_\_\_\_
11. Attach a current membership list for your organization.

**SECTION B - APPLICANT PROFILE**

12. Number of years that applicant has operated as a gleaning program in New Jersey.  
\_\_\_\_\_
13. Source of gleaned New Jersey foods and type and amount of food items gleaned: Complete and attach Attachment A- “Source of Gleaned Foods” to this page of the RFF.
14. Organizations receiving gleaned foods and type and amount of food items distributed: Complete and attach Attachment B – “Organizations Receiving Gleaned Foods” to this page of the RFF.
15. Does the applicant charge any fees for its services? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes, provide an explanation of the fees.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Total pounds of food items gleaned from New Jersey farms in:  
2018 to date \_\_\_\_\_  
2017 \_\_\_\_\_  
2016 \_\_\_\_\_

**17. Total pounds of food items rescued from non-farm sources from New Jersey in:**  
2018 to date \_\_\_\_\_  
2017 \_\_\_\_\_  
2016 \_\_\_\_\_

*Note: The gleaning grant cannot be applied to rescued foods. This information is requested to get a better understanding of the applicant's organization.*

**18. Sources of fruits and vegetables, and other nutrient dense food items, rescued from non-farm sources in New Jersey outside the New Jersey growing season.**

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*Note: The gleaning grant cannot be applied to rescued foods. This information is requested to get a better understanding of the applicant's organization.*

**19. Please explain how the applicant determined the “total pounds of food items” specified in questions 16 and 17.**

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*If an accurate method was not used to determine the “total pounds of food items”, the applicant may budget the cost of a scale in this application.*

**20. Does the applicant have an educational component that educates recipients on including fresh fruits and vegetables in their diets? Yes\_\_\_\_ No \_\_\_\_**  
**If the answer is yes, provide a brief explanation of how this component is incorporated into the applicant's gleaning program on a regular basis.**

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**SECTION C – EXECUTIVE SUMMARY – Provide a summary of the applicant’s funding request.**

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**SECTION D – STATEMENT OF NEED – Provide a narrative summarizing the assessment of need for this funding to support a gleaning program with New Jersey farms.**

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**SECTION E – PROJECT IMPLEMENTATION PLAN-Provide a description of how this grant would support the applicant’s gleaning program activities.**

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**SECTION F – OUTCOMES AND EVALUATION**

**Please specify the desired outcomes that the applicant plans to achieve and how it will evaluate to determine if the specified outcomes were met.**

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**SECTION G – BUDGET SECTION**

<b>Expense Item</b>	<b>Total Cost to Applicant</b>	<b>Gleaning Grant Funds Requested</b>	<b>Applicant Portion of Total Cost</b>
<b>TOTAL:</b>			

Grant funding may be requested for expenses in the following categories:

- **Transportation/freight costs including fuel, tolls, repairs/maintenance, vehicle insurance and per mile vehicle usage reimbursement. Applicant may also include the cost of a scale for tracking of gleaned items received and distributed. If approved for the grant, the applicant must maintain separate vehicle logs for each vehicle that will be covered by the grant. The vehicle log must include the beginning and end destination for each trip along with the odometer reading and must specify whether the trip was for gleaning or non-gleaning activity.**

- **Salaries of staff directly involved in gleaning activities, including supervision, transportation and distribution of gleaned food as well as SFPP foods. If approved for the grant, the applicant must have separate timesheets for each staff member whose salary is covered by the grant. The days listed on the timesheet must match the time period and time spent on gleaning activities and must be tracked separately from time spent on non-gleaning activities. Grant funds shall only be used for the portion of salaries associated with gleaning activity.**
- **Miscellaneous expenses directly associated with the transportation and distribution of locally grown food items from New Jersey farms will be considered on a case by case basis. (ex: utilities, containers, communication equipment)**

**SECTION H – BUDGET DETAIL**

**The funding requests in Section G must be accompanied by a detailed cost estimate for the expenses identified in each category. The NJDA reserves the right to modify the amount of funds requested or eliminate line items in their entirety if they do not meet the requirements set forth in the Public Notice and Gleaning Grant Information Sheet. For each line item of the proposed budget, provide a brief description of how the costs were determined. ex: 1 truck driver@ \$15 per hour for 30 hours a week for 10 weeks = \$4,500.**

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**Please describe how the applicant will track expenses specific to the grant separately from expenses that are not related to the gleaning grant. Also, describe the accounting system that will be used to track expenses.**

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**SECTION I – CERTIFICATION The signature below must be that of an individual with the authority to enter into legally binding agreements on behalf of the applicant.**

**The undersigned certifies that all information contained in this application is true and accurate; understands that falsification of information may be cause for non-review of the application or award revocation; and agrees to comply with the terms and provisions provided in this application if a grant award is received.**

**Typed Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

**ATTACHMENT A – SOURCE OF GLEANED FOODS**  
**FY 2019 State Food Purchase Program**  
**Gleaning Support Grant RFF–**

Please identify the county and name of each farm providing the gleaned foods, as well as the type and amount of gleaned foods obtained, in 2017 and 2018:

County	Farm Providing Gleaned Food	Type of Food Item	Lbs. of Food Item Gleaned	
			2017 (July 2016- June 2017)	2018 (July 2017- June 2018)



**ATTACHMENT B – ORGANIZATIONS RECEIVING GLEANED FOODS**

**FY2019 State Food Purchase Program**

**Gleaning Support Grant RFF**

Please identify the county and name of the organizations where gleaned foods were distributed, as well as the type and amount of gleaned foods distributed, in 2017 and 2018:

<b>County</b>	<b>Organization Receiving Gleaned Food</b>	<b>Type of Food Item</b>	<b>Lbs. of Food Item Distributed</b>	
			<b>2017 (July 2016- June 2017)</b>	<b>2018 (July 2017- June 2018)</b>

# Hours Worked Log

Name:

Pay Period:

Start  
Date:

End Date:

Date:							
Day of Week:							
Gleaning Hours							
Non-Gleaning/ Rescued Food Hours							
Total Hours							

Employee Signature:

# Vehicle Usage Log

Name of Vehicle:

Date	Starting Destination	Ending Destination	Odometer Start	Odometer End	Miles Driven	Gleaning from NJ Farms (List Name of Farm)	Non-Gleaning or Rescued Food Activity (Check Box)