

# FY2021 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 in New Jersey and type and amount of food items distributed in New Jersey: Complete and attach Attachment B – “Organizations Receiving Gleaned Foods in New Jersey” to this page.

15. Does the applicant charge any fees for its services? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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16. Total pounds of food items gleaned from New Jersey farms in:

2020 to date \_\_\_\_\_

2019 \_\_\_\_\_

2018 \_\_\_\_\_

17. Total pounds of food items rescued from non-farm sources from New Jersey in:

2020 to date \_\_\_\_\_

2019 \_\_\_\_\_

2018 \_\_\_\_\_

*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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**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** \_\_\_\_\_





**GLEANING SUPPORT GRANT  
PROGRAM APPLICATION**

## Hours Worked Log

Name:

Pay Period:

Start  
Date:

End Date:

Day of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day of Week:							
Gleaning Hours							
Non-Gleaning/ Rescued Food Hours							
Total Hours							

Employee Signature:

Date: \_\_\_\_\_

