

**FY2018 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, please provide an explanation of the fees.

16. Total pounds of food items gleaned from New Jersey farms in:
 2017 to date _____
 2016 _____
 2015 _____

17. Total pounds of food items rescued from non-farm sources from New Jersey in:
2017 to date _____
2016 _____
2015 _____

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.

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.

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.

SECTION C – EXECUTIVE SUMMARY – Provide a brief summary of the applicant's funding request.

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.

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 _____

