


<b>Current MEFP recipient: Y/N</b>		<b>Funding Request for FY20: \$ _____</b>	
<b>Current MEFP award amount: \$ _____</b>			
		<p align="center"> <b>Family Investment Administration (FIA)</b>  <b>Bureau of Special Grants</b>  <b>311 West Saratoga Street, Room 216</b>  <b>Baltimore, Maryland 21201</b>  <b>(410) 767-7261</b> </p>	

**Maryland Emergency Food Program (MEFP)**  
**Fiscal Year 2020 Grant Application**  
**(July 1, 2019 - June 30, 2020)**

**DEADLINE: Friday, April 19, 2019 at 4:00 PM**

**Instructions:** Please carefully review the enclosed *Fiscal Year 2020 Maryland Emergency Food Program (MEFP) Grant Guidelines* document in the application packet before completing this application. Inability to adhere to the MEFP Grant Guidelines and submissions of incomplete or inaccurate information will impact eligibility for future Grant funding. Serious compliance issues may result in the requirement that all funds be returned to the Department of Human Services. **All funding requests must equal or exceed \$2,000.00.**

<b>Section I - Provider Information (please include as much contact information as possible)</b>			
<b>Organization Name:</b>			
<b>Tax ID number:</b>			
<b>Jurisdiction (County/Baltimore City):</b>			
<b>Food Program Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>County/Baltimore City:</b>
<b>Mailing Address:</b>			<b>c/o:</b>
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>County/Baltimore City:</b>
<b>Organization Director:</b>	<b>Direct Phone Number:</b>		<b>Email Address:</b>
<b>Food Program Director:</b>	<b>Direct Phone Number:</b>		<b>Email Address:</b>
<b>Primary Contact:</b>	<b>Direct Phone Number:</b>		<b>Email Address:</b>

<b>Section II - Program Demographic and Eligibility Information (Part I)</b>			
<b>Program Type (choose one or more):</b>			
<input type="checkbox"/> <b>Pantry</b>	<input type="checkbox"/> <b>Soup Kitchen</b>	<input type="checkbox"/> <b>Shelter</b>	<input type="checkbox"/> <b>Senior Feeding</b>
<input type="checkbox"/> <b>Food Bank</b>	<input type="checkbox"/> <b>Residential Treatment</b>	<input type="checkbox"/> <b>Other</b>	
How long has your organization operated a feeding program?			
What are your days of operation and service hours?			

**Section II - Program Demographic and Eligibility Information (Part II). Please use complete sentences and include descriptions where requested. Use additional pages if needed.**

**Please describe** your outreach to the public and describe how you alert the needy in your area that your service exists?

Do you have visible signage, which will direct visitors to your service entrance? **Please describe:**

Are your days and hours of operation included on signage?

Are there eligibility requirements for those who request food? If so, **please describe.**

What record-keeping system or process is used to track “units of service” (meals served or bags of food distributed)? If bags of food are provided, what process is used to determine what goes in each bag and how many bags an individual or family should receive?

**If current MEFP Grant recipient: Use the following chart to document how MEFP funds were used to serve specific populations from July 1, 2018 - June 30, 2019.** Recognizing that the current Grant period is still underway, please include actual numbers for July, 2018 - March, 2019 and estimate totals for April - June 2019, based on average monthly numbers. **If MEFP funds were not received during this period, please document how those populations were served by your food program, only (do not include other services such as clothing, employment or tax preparation).**

Population Type (FY 2019) - use N/A if you do not record disabled, unemployed, Vets and/or homeless.

Groups	Total # Served	Disabled	Unemployed	Veterans	Homeless
Adults (18+)					
Children (0-17)					
Families/Households					

As instructed above, please include actual numbers for July - March and estimate totals for April -June

Units of Service Provided	Average Monthly Distribution	July 1, 2018 - June 30, 2019
Meals		
Bags of Food		

**Food Pantry:** average monthly expenditure for bags of groceries \$ \_\_\_\_\_

**Please estimate the number of meals in each bag, as accurately as possible** \_\_\_\_\_

**Soup Kitchen or Shelter:** average monthly expenditure for meals provided \$ \_\_\_\_\_

**Section III - Financial Information and Program Resources**

Use the following chart to list current budget information for your food program. Please use the space allotted to document **all grants, donations, fundraising, and other funding**. **Only list MEFP if you received FY19 funds.**

Type	Supplier/Grantor (e.g.: USDA, DHS)	Amount (\$)
Federal (TEFAP, other)		
State (MEFP, SNAEP, other)		
Local (County, City)		
Foundation and Private Grants		
Cash Donations and Fundraising		
Other Funding, if any		
Donated Food (approximate monetary value)		
<b>Total Resources for Food Program: \$ _____</b>		

**Section IV - Projected Fiscal Year 2020 Program Data and Award Request**

Use the following chart to describe what populations will be served by your food program, with any funds received as a **MEFP** FY20 Grant. As noted in the FY20 Guidelines, Grant awards must equal or exceed \$2,000.

Population Type (FY 20) - use N/A if you do not record disabled, unemployed, Vets and/or homeless					
Groups	Total # Served	Disabled	Unemployed	Veterans	Homeless
Adults (18+)					
Children (0-17)					
Families/Households					
Units of Service		Projected Monthly Distribution		Total FY20 (7/1/2019 - 6/30/2020)	
Meals					
Bags of Food					
Please estimate #s of meals/bag					

**\*\*\*\*\*FY20 MEFP GRANT REQUEST: \$ \_\_\_\_\_**

**If granted, how do you propose that these funds will be used? Please provide details of the need for MEFP funds.** If your organization is requesting an increase, please explain the need for the increase. If additional services will be provided, **what additional services will you provide with the increase in funding?**

Please describe the organizational structure of your emergency feeding program (for example: is there a Board of Directors; is it part of a national organization; and/or do you operate within a church, government or community organization)?:

Provide the name of the person responsible for maintaining data and submitting quarterly reports to DHS/MEFP?

What person(s) from your organization has authority to purchase food with MEFP funds?

**Section V - Accessibility and Inclusionary Practices Information**

How does your facility comply with the Americans with Disabilities Act (ADA) requirements concerning accessibility for handicapped individuals? **Please provide details or explain exemption from ADA.**

Has any ADA or licensing-related complaint been filed against your program since July 1, 2018? If so, please explain:

Does your organization post and/or provide fliers on the Earned Income Tax Credit (EITC)? Do you provide other services that encourage clients to become self-sufficient? **Please describe:**

**Section VI - Storage and Safety Practices (Part I)**

Explain your food storage procedures for your perishable and non perishable MEFP food; including methods for separating MEFP-funded food and adherence to state/federal storage protocols.

What is your procedure for identifying and discarding expired, damaged or otherwise inedible food?

Are you able to purchase food that is produced, grown and harvested in the State; for example, from one or more of the following: stores that sell “locally grown” or “locally produced” produce or meats; Capital Area Food Bank or Maryland Food Bank; “gleaning” organizations such as Community Food Rescue, Hungry Harvest, or Gather Baltimore; and/or local Farmers Markets? **Please provide details:**

How will your MEFP food be secured against theft or misuse?

<b>Section VI - Storage and Safety Practices (Part II)</b>
Who is responsible for the maintenance and cleaning of your facility (including food distribution area, kitchen used for meal preparation and storage area for MEFP food) and documentation of these treatments?
<b>If you prepare and serve meals, has the kitchen staff been ServSafe Certified? Please describe the food safety protocols that are in place to prevent food contamination and adhere to federal and/or Maryland Department of Health food service regulations? Please include the effective date and issuing body for your food service license and ServSafe certification.</b>
How does staff handle unpackaged food prior to disbursement or meal preparation?
Explain your procedures for preventing rodent/pest problems <b>and provide the name of the professional exterminator</b> that you use?

**Section VII - Check List and Verification of Accuracy**

**Before signing this Fiscal Year 2020 Maryland Emergency Food Program application, please read each line and attest that the following statements are accurate:**

- I have reviewed the Maryland Emergency Food Program FY20 Guidelines document prior to completing this application. I have understood and followed all instructions provided therein.
- I have included a recent (five years or less) copy of my organization's tax-exempt designation issued by the U.S. Internal Revenue Service. If my program/organization is designated as a subordinate in a group tax-exemption status ruling provided to my parent organization, I have included a signed official statement from said parent organization verifying my program/organization's inclusion in this ruling.
- If I am a new applicant, **or have not received MEFP funding since or prior to FY 17**, I have included a W-9 for the applicant organization and two letters of support from outside organizations (check MEFP Guidelines for requirements).
- I have listed my MEFP grant award request on page 1 and page 3 of this application as \$\_\_\_\_\_ and am aware that grants below \$2,000 will not be considered.
- I have made photocopies of my MEFP application packet for my files.
- I understand that I will be asked to verify the information provided in this application during an unannounced or scheduled site visit conducted by a Bureau of Special Grants staff member prior to or during Fiscal Year 2020.
- By accepting MEFP funding, I agree to submit quarterly reports, including all of the following: Quarterly Activity Report form, with units of service provided; Receipt Documentation log, receipts reflecting MEFP eligible purchases only and proofs of payment of those receipts. **I also understand that failure to submit these reports, submitting illegible or inaccurate original receipts or any other MEFP funding mismanagement may require me to return my MEFP grant money and disqualify my program/organization for subsequent funding through MEFP.**
- I have arranged to submit my application, by one of the following means: the postal service of my choice, email (preferred method) to [BureauOf.SpecialGrants@maryland.gov](mailto:BureauOf.SpecialGrants@maryland.gov) or in person at the Department of Human Services, no later than 4:00 pm on April 19, 2019. I understand that late submissions will not be accepted. If sending by mail, my application must be addressed to :

Maryland Department of Human Services  
311 W. Saratoga Street  
Baltimore, Maryland 21201  
Attention: Annette Jones-Wilson, 2<sup>nd</sup> Floor

Email submissions should be sent to: [BureauOf.SpecialGrants@maryland.gov](mailto:BureauOf.SpecialGrants@maryland.gov).

**Section VIII - Provider Statement**

I certify that the information provided above is accurate and correct. I understand that failure to provide an accurate representation of my program and/or the requested supplemental documentation may result in significant penalties, up to and including removal from my organization from consideration for MEFP funding.

\_\_\_\_\_  
Name of Program Director

\_\_\_\_\_  
Date

**For DHS Use Only**

**Date Stamp:**

FIA/BSG Reviewer:

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