



**Family Investment Administration (FIA)
Office of Nutrition Assistance Programs
311 West Saratoga Street, Room 218
Baltimore, Maryland 21201
(410) 767-7412**

FY 25 SNAEP Requested: \$ _____

**Statewide Nutrition Assistance Equipment Program (SNAEP)
Fiscal Year 2025 Grant Application
(August 1, 2024 - June 30, 2025)**

DEADLINE: Tuesday, April 30, 2024 at 5:00 p.m.

Instructions: Please carefully review the Statewide Nutrition Assistance Equipment Program (SNAEP) Funding Guidelines *before completing the application*. If your organization seeks funding for multiple program locations you must submit a separate application for each program. **Applicants must provide documentation establishing that the grantee has obtained matching resources or a commitment for matching resources that equals at least 50% of the grant amount. The matching resources may be in the form of cash or an in-kind equivalent.**

Section I - Provider Information			
Name of Organization:			
Jurisdiction:			
Location of Equipment:			
EIN#:			
Street Address:			
City:	State:	Zip Code:	County/Baltimore City:

Mailing Address:			c/o
City:	State:	Zip Code:	County/Baltimore City:
Organization Director:	Direct Phone Number:		Email Address:
Primary Contact:	Direct Phone Number:		Email Address:

Section II -Service Type			
Please check the appropriate boxes to indicate the type of services provided by your organization.			
Shelter Food Bank	Senior Feeding Residential	Pantry Other	Soup Kitchen Adult Daycare

Section III - Service Location Details
Please provide the days and hours of operation at the requesting facility.
Please describe the services provided at this facility.

Section III - Service Location Details *(continued)*

Please describe your target population (i.e. immigrants, women and children, returning citizens, individuals experiencing homelessness, seniors, children, etc.)

Section IV - Grant Use

Does your organization ever provide food or serve meals for which there is a cost to the individual or family? If so, how will you ensure that SNAEP grant-funded equipment purchases are kept separate and used only to provide meals and/or groceries at no cost to individuals and families in need?

Section IV - Grant Use *(continued)*

How will your SNAEP equipment be secured against theft and misuse?

How will this new equipment enable your program to assist vulnerable/needy individuals in the community? Please justify the need for the requested equipment. (You may attach an additional page if needed to adequately answer this question.)

Section IV - Grant Use *(continued)*

Please identify the estimated number of individuals and families that is served annually by your program.

Please indicate the number of grocery bags and/or meals provided annually by your program.

Section V- Financial Information and Program Resources

Use the following chart to document all grants, donations, fundraising and other funding for your program **DO NOT INCLUDE YOUR SNAEP REQUEST AS A CURRENT RESOURCE**. If there is not sufficient space below for your information, please include this information on a separate page.

Type	Supplier/Grantor	Amount
Federal Government		
State Government		
Local Government		
Foundation and Private Grant		
Donations from individuals		
Other Funding		
Donated Food (Value)		
Total Annual Resources		

MATCH REQUIREMENT: Applicants must provide documentation establishing that the grantee has obtained matching resources or a commitment for matching resources that equals at least 50% of the requested grant amount. The matching resources may be in the form of cash or an in-kind equivalent acceptable to the Department.

Example: If you plan to purchase equipment for \$12,000 (including installation, delivery, and other fees), you may apply for \$8,000 in SNAEP grant and indicate on the application you have a matching source to cover at least 50% of the grant amount (\$4,000). The \$4,000 match may be in the form of cash or in-kind (i.e. if you have a volunteer who will transport and install the equipment, the value of their time can be considered an in-kind contribution).

Section VI - Expenses/Estimates

Type	Quantity	Cost	Other Expenses	Total Cost (Cost + Other Expenses)	Amount Requested	Cash / In-Kind Amount Committed	Number of Estimates
Refrigerator							
Stove/Range/Oven							
Shelving/Storage							
Cookware/Utensils							
Other:							
Other:							
Total:							

Required # of Official Estimates (Per Item Type)	
<u>Total Cost</u>	<u># of Estimates</u>
\$1.00- \$5,000	One Estimate
\$5,001-\$15,000	Two Estimates
\$15,001 and over	Three Estimates

Section VII-Check List and Verification of Accuracy

Before signing this Fiscal Year 2025 Statewide Nutrition Assistance Equipment Program (SNAEP) application, please read each line and attest that the following statements are accurate:

- I have reviewed the Statewide Nutrition Assistance Equipment Program (SNAEP) Information and Guidelines before completing this application and have followed all instructions.
- I have included the required number of estimates for the equipment I want to purchase using SNAEP funds.
- I have provided documentation to certify my program's required match (cash or in-kind).
- I have included a recent (five years old or less) copy of my organization's tax-exempt organization designation form issued by the U.S. Internal Revenue Service or a currently active EIN number. If my program/organization is designated as a subordinate in a group 501 (c) (3) ruling provided to my parent organization, I have included a signed official statement from the parent organization verifying my program/organization's inclusion in this ruling.
- I understand that I may be asked to verify the information provided in this application during an unannounced or scheduled site visit conducted by the Office of Nutrition Assistance Program during Fiscal Year 2025.
- By accepting SNAEP funding, I agree to submit receipts by the date listed in my FY 25 SNAEP award notification letter.
- I have made a copy of my SNAEP application packet for my files.
- I will submit my application electronically through the FY 2025 SNAEP Application Submission Form no later than 5:00 p.m. on Tuesday, April 30, 2024. I understand that late submissions will not be accepted and applications can only be submitted by the Application Submission form.

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 documentation may result in significant penalties, up to and including removal of my organization from consideration for SNAEP funding.

Signature of Program Director

Date

Printed Name of Program Director

For DHS Use Only

Date Stamp:

FIA/BSG Reviewer:

Date: _____