# Community Food Grant Program

*San Diego Foundation*

## *Introduction*

**The you for your interest in participating as a Community Food Grant Program nonprofit partner!**

In partnership with the County of San Diego's Public Health Services, San Diego Foundation (SDF) will award funding to new and existing community food projects toward the improvement of community food security including food production, processing and distribution projects across San Diego County with the intent of increasing food sovereignty, especially in low-income communities and communities with limited access.

It is important to carefully review the grant guidelines and all available resources we have provided you on the Community Food Grant Program webpage before submitting your application.

## *Eligibility*

### Tax Exempt Charity*

Is your organization a nonprofit with 501(c)(3) public charity status or an equivalent tax-exempt status, located in and serving San Diego County communities? Equivalent tax-exempt status can include government entities such as State, County or municipal governmental units, churches providing charitable programs, and educational institutions such as public schools (districts), colleges and universities with tax-exempt status are all eligible to receive a grant.

#### Choices

Yes
No

### Fiscal Sponsor*

Does your organization have a fiscal sponsor? A 501(c)(3) public charity may serve as a fiscal sponsor for another applicant to administer the grant and provide regular financial reporting to San Diego Foundation.

#### Choices

Yes
No

## Able to Expend Funds*

Is your organization able to expend grant funds awarded for this project by December 31, 2024?

### Choices

Yes
No

## Project Service*

The primary eligibility qualifier for the Community Food Grant Program is that projects need to be located in a qualifying census tract or within ½ mile of a qualifying census tract. Will your proposed project take place within one of the qualified census tracts outlined in the grant guidelines?

### Choices

Yes
No

# *Project Service - No*

## Meeting Criteria*

If your project will not be located in a qualifying census tract or within 1/2 mile of qualifying census tract, will 100% of people served by the requested funds meet at least one of the Disproportionately Impacted Demographic Criteria (set by U.S. Department of Treasury)? Please select one or more of the applicable qualifications below:

### Choices

reside in HUD or HPI Least Healthy Quartiles
participate in qualified Federal Programs
are considered Low-Income
receive services provided by Tribal governments

## Able to Verify*

If qualifying based on the Disproportionately Impacted Demographic Criteria, are you able to verify and report on 100% of your participants meeting these criteria?

### Choices

Yes
No

## Method of Verification*

How will you track eligibility among clients served? For example, records show all those served by this funding are CalFresh recipients.

*Character Limit: 1000*

### Definitions

Qualified Census Tracts:

- Designation calculated by U.S. Department of Housing and Urban Development (HUD). Qualified Census Tracts for San Diego County can be found here and/or,
- Healthy Places index Least Healthy Quartiles (identified visually as dark and medium blue areas) found here.

Low-income households and communities:

- Those with income at or below 185 percent of the Federal Poverty Guidelines for the size of the household base on the most recently published poverty guidelines by HHS or,
- Income at or below 40 percent of the Area Median income for its county and size of household based on the most recently published data by HUD.

Households that qualify for certain Federal Programs:
*Qualifying Federal Programs from ARPA:*

- Temporary Assistance for Needy Families (TANF)
- Supplemental Nutrition Assistance Program (SNAP), also known as CalFresh
- Free-and Reduced-Price Lunch (NSLP) and/or School Breakfast (SBP) programs
- Medicare Part D Low-Income Subsidies
- Supplemental Security Income (SSI)
- Head Start
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Section 8 Vouchers
- Low-income Home Energy Assistance Program (LIHEAP)
- Pell Grants

## *Organization Information*

As part of this application, we are interested in learning more about the size of your organization. Please use the following space to enter your organization's operating budget. If your operating budget is above $50,000, please also share your annual Programmatic, Administrative, and Fundraising budgets.

### Current Year's Operating Budget*

*Character Limit: 20*

### Current Year's Programmatic Budget
*Character Limit: 20*

### Current Year's Administrative Budget
*Character Limit: 20*

### Current Year's Fundraising Budget
*Character Limit: 20*

### Background & History*
Describe your organization's background and role in your community. How are you uniquely positioned to advance the community-led goals outlined in the grant guidelines? If applicable, describe how your organization has accomplished relevant or similar work in the past.

*Character Limit: 3500*

### Community Voices*
Please share how your organization centers community voices in your work, including through representation of the community served on your board or in your staff.

*Character Limit: 3500*

## *Signatory Information*

This is the person in your organization, or your fiscal sponsor (if applicable) who has the legal authority to execute the grant agreement on behalf of your organization, usually the CEO, Executive Director or Board Chair.

### Signatory First Name*
*Character Limit: 250*

### Signatory Last Name*
*Character Limit: 250*

### Signatory Title*
*Character Limit: 250*

### Signatory Email*
*Character Limit: 254*

### Signatory Phone Number*
*Ex: 555-555-5555*

*Character Limit: 250*

# *Fiscal Sponsorship Information*

## Fiscal Sponsor Name*
*Character Limit: 250*

## Fiscal Sponsor EIN Number*
*Character Limit: 250*

## Fiscal Sponsor Street Address*
*Character Limit: 250*

## Fiscal Sponsor City*
*Character Limit: 250*

## Fiscal Sponsor State*
*Please use 2 letter state abbreviation*

*Character Limit: 2*

## Fiscal Sponsor ZIP*
*Character Limit: 250*

# *Project Information*

## Project Name*
*Character Limit: 250*

## Project Summary*
*Character Limit: 1000*

## Project Purpose*
Please describe your project and how it aligns with the 2023 Community Food Program grant guidelines. Feel free to use a list or bullets as needed.

*Character Limit: 7000*

## Expected Outcomes*
Please summarize your expected outcomes as SMART objectives (overview in English and Spanish) in four to six bullet points. SMART objectives are described as: Specific, Measurable, Assignable, Realistic, and Time-specific. Be sure to include context and a timeline for your expected outcomes as needed.

*Character Limit: 7000*

### Evaluation & Reporting*

How will you measure the success of your project? Please use this space to describe the evaluation methods you will use to track success of this project and who will be involved in your project's evaluation. You can see an example evaluation worksheet here in English and Spanish.

*Character Limit: 5000*

### Communities Served*

Please describe the community and region you will serve through this project and how you will outreach and connect with intended program participants.

*Character Limit: 5000*

### Partnerships*

List and briefly describe the roles of any additional project partners, particularly funded partners, that will help make this work possible. Please write "N/A" if not applicable.

*Character Limit: 5000*

## *Project Budget*

### Amount Requested*

Applicants may request between $5,000 and $250,000.

*Character Limit: 20*

### Project Budget*

Enter the total project budget

*Character Limit: 20*

In the table below input your anticipated expenses for personnel, facilities, transportation, program supplies, equipment, marketing and administrative/indirect costs. In the line items labeled 'Other,' indicate any unique budget line items not included in those above, and use the 'Notes' column to specify the units and cost/units reflected in the cost for that line item. If the provided table does not accommodate your budget, please attach a budget in Excel below.

### Anticipated Expenses

Please include all anticipated expenses. If you have a fiscal sponsor, please identify how much grant funding they will receive.

| Expense Category | Grant Dollars Requested | Total Project Budget | Notes |
|---|---|---|---|
| **Personnel** | | | |

| | | | |
|---|---|---|---|
| **Facilities** | | | |
| **Transportation** | | | |
| **Program Supplies** | | | |
| **Equipment** | | | |
| **Marketing** | | | |
| **Admin/Indirect Costs** | | | |
| **Other** | | | |
| **Total Expenses** | | | |

## Budget Upload

*File Size Limit: 2 MB*

## Anticipated Project Revenue

Please include all anticipated, pending, and confirmed revenue sources.

| Revenue Source | Total Revenue | Status of Funding | Notes |
|---|---|---|---|
| | | | |
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## Budget Narrative*

Please use this space to provide any additional comments or context for the proposed project's budget.

For example, instead of only stating '$20,000 will be used for staff salaries,' indicate how many staff and the total full-time equivalent and roles that will be supported. A better way of describing personnel line would be '$20,000 will pay for 1 full-time program manager for 8 weeks, 4 workshop leaders for six weeks and 10% of our program assistant's time.'

As another example, instead of only stating '$3,000 will be used for instructional costs,' state how many kits or payments will be made to any other groups. A better way of stating program costs would be '$1,000 will be used to purchase 100 gardening kits, $1,000 will pay for an online course for 100 participants and $1,000 for fees to bring an organization to deliver a special presentation.'

*Character Limit: 3500*

# *Supplemental - Additional Capacity Needs and Support*

The following questions are unscored and meant to provide SDF with data regarding interest and availability in technical assistance and support. Your answers to these questions will not influence your grant award.

## Receiving Technical Assistance and Support*

In what areas would you be interested in receiving technical assistance and support?

### Choices

Permitting fees and navigation
Business assistance
Peer-to-peer collaboration and learning
Policy advocacy
Evaluation and reporting
Identifying and leveraging federal funds
Coalition building and partner development
N/A
Other

## Providing Technical Assistance and Support*

Do you have experience or are you interested in providing support in these areas? In what areas do you have expertise and capacity in these areas?

### Choices

Permitting fees and navigation
Business assistance
Peer-to-peer collaboration and learning

Policy advocacy
Evaluation and reporting
Identifying and leveraging federal funds
Coalition building and partner development
N/A
Other

### Previous Support Received*

Have you worked with an organization that has provided capacity and support in any of the areas listed above?

#### Choices

Yes
No

### Recommended Technical Assistance Provider/Organization*

Do you know of an organization who could meet this need? Please list the organization and describe the capacity support they have experience providing.

*Character Limit: 500*

## *Receiving Technical Assistance and Support - Other*

### Receiving Technical Assistance and Support - Other*

Please list all other areas you are interested in, separated by commas.

*Character Limit: 250*

## *Providing Technical Assistance and Support - Other*

### Providing Technical Assistance and Support - Other*

Please list all other areas you are interested in, separated by commas.

*Character Limit: 250*