



## **Agency Capacity: Equipment Grant Application**

The Great Plains Food Bank (GPFB) is proud to offer you, for the first time ever, an Equipment Grant Opportunity! Through this granting process, we can offer you funds to help strengthen your agency's capacity. From freezers and refrigerators to shelving or computers – we are dedicated to make sure you have the tools you need to serve more food to more people across North Dakota.

We'd like to offer a special thanks to the North Dakota Legislature for allocating this funding (\$50,000 over the biennium) and recognizing the great need our hunger relief partners. Thank you for helping make this happen – we couldn't have done it without your support.

Another one of our goals through this process is to give you the opportunity to write additional grants. Outside granting sources/foundations will ask many of the same questions and require the same materials. We hope that you use this opportunity as a learning tool – to help better equip your agency for applying for outside funding.

## **APPLICATION PROCESS**

### **Requirements to apply:**

- Must be a member of the Great Plains Food Bank
- Must be in good standing with Great Plains Food Bank (statistic reporting & account current)
- Priority 1 agency (emergency food pantry, soup kitchen, shelter) located in North Dakota
- Fully completed grant application and signed agreement

### **Notes:**

- Applications are reviewed in January, March, May, July, September and November by GPFB staff and volunteer advisory committee members.
- Each agency is eligible to request 1 grant per calendar year.
- Maximum grant award is \$2,000 per request.
- GPFB will consider requests for equipment needs (i.e. shelving, freezers, refrigerators, technology needs, etc.). GPFB will not cover:
  - Staff/volunteer salary
  - Transportation costs
  - Food products
  - Operating costs (rent, utilities, etc)
  - Construction costs
- You will receive notification of receipt of your grant application within 7 days.
- You will be notified of your approval/denial in writing.
  - If awarded, a check will be issued to the requested supplier/vendor, but mailed your agency within 30 days of approval.
  - You have 90 days to complete and submit your final report.
- Please mail 3 copies (1 original, 2 copies) of your completed application & agreement to:  
Melissa Sobolik  
Great Plains Food Bank  
1720 3<sup>rd</sup> Ave N  
Fargo, ND 58102

**Final Report:**

Upon receiving the grant, you will receive the Final Report Instructions. You have 90 days to submit the final report. This report must consist of:

- Pictures of the newly purchased equipment, operational and in your facility;
- Copy of the receipts for the equipment; and
- Narrative - citing how this grant has helped your feeding program and client testimonials.

These funds from the GPFB may be used as supplemental funds to the USDA Community Facilities funding. More information on this funding opportunity is available at [http://www.rurdev.usda.gov/nd/documents/2008\\_Feb\\_CF\\_loan\\_grant.pdf](http://www.rurdev.usda.gov/nd/documents/2008_Feb_CF_loan_grant.pdf)

At any point if you have questions, please don't hesitate to contact Melissa Sobolik, Director of Member & Client Services at [msobolik@lssnd.org](mailto:msobolik@lssnd.org) or 701-232-6219.



- 6) Total amount requested: \_\_\_\_\_  
 (Please attach a price quote - on store letterhead - from the supplier you intend to use. Note – if a grant is awarded, the check will be written out to the supplier.)
- 7) Total number of individuals served last year:
- 8) Budget: Please list your sources of income and expenses from last year.

| Income Source    | Income Amount |
|------------------|---------------|
| Contributions    | \$            |
| Grants           | \$            |
| Community Groups | \$            |
| Other:           | \$            |
| Other:           | \$            |
|                  |               |

| Expense Categories                         | Expense Amount |
|--------------------------------------------|----------------|
| Food Costs                                 | \$             |
| Occupancy Costs (rent, utilities, etc)     | \$             |
| Transportation Costs                       | \$             |
| Postage                                    | \$             |
| Printing                                   | \$             |
| Telecommunications (phone, internet, etc.) | \$             |
| Other:                                     | \$             |
| Other:                                     | \$             |

**Attachments:** (please include the following with your application)

- List of your Agency’s decision makers (Board of Directors or Advisors); include all those responsible for the decision making at your agency
- Brochure or flyer about your program (if you have one)
- Price quote from supplier (on store letterhead, dated)

Please mail (3 copies – 1 original, 2 copies) of the completed application and agreement to:  
 Melissa Sobolik  
 Great Plains Food Bank  
 1720 3<sup>rd</sup> Ave N  
 Fargo, ND 58102

## AGREEMENT:

I, \_\_\_\_\_, representing \_\_\_\_\_  
agree that all information in this application is accurate to the best of my knowledge.

I understand that if approved, I have 90 days to complete the Final Report, or I will be asked to return the funds and/or equipment to the Great Plains Food Bank.

I agree to purchase equipment from the supplier provided in the cost quote. If the cost should exceed the quote, I understand that my agency is responsible for the difference.

If any funds remain after purchasing the equipment, I will immediately notify the Great Plains Food Bank.

I understand that I and/or my agency are responsible for the maintenance and upkeep of the equipment.

I agree that if my agency should close for any reason within the next 7 years, the equipment will be returned to the Great Plains Food Bank in order to be reissued to another agency.

I will work with the Great Plains Food Bank to serve more people in my area, to aid the mission of a hunger-free North Dakota.

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

Printed Name & Title: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Great Plains Food Bank

FINAL REPORT DUE BY: