**REQUEST FOR PROPOSAL**

**F ONLY**:

Application Received By

Date of Application Receipt

❑ Application filed – hard copy

❑ Application filed – electronic copy

Not-in-School-Time Meals Challenge

APPLICATIONS DEADLINE: Rolling

Grant Awards: On quarterly cycle beginning Jan. 1, 2017

The Child and Adult Care Food Program (CACFP) is a federally funded program that supports child care and after school programs.

**Child Care Centers:** CACFP provides financial reimbursement to licensed child care centers for serving nutritious meals and snacks to children in their care.

**After-School Enrichment Programs:** CACFP reimburses eligible programs for serving nutritious meals and snacks to children and teens after their school days ends and on non-school days during the school year.

In Minnesota, CACFP is significantly under-utilized. According to data from the Minnesota Departments of Human Services and Education there are 434 child care centers who are eligible to participate but who are not yet enrolled in CACFP. In addition, 430 after-school youth programs sites could expand meal offerings to include a supper meal.

We have identified three initial not-in-school-time opportunities to feed hungry children:

* Increase enrollment of licensed child care centers in CACFP
* Increase enrollment by youth programs in CACFP At-Risk Meal Program
* Transition school sites currently offering snacks through the School Nutrition Program (SNP) to CACFP At-Risk suppers

Grants ranging from $2,500 to $25,000 will be awarded to Multi-Site Child Care Center Sponsors, Multi-Site After-School Program Sponsors, and potential sponsors to expand the number of children who receive nutritious meals through the CACFP program.

**Grants will be evaluated based on these criteria:**

* Approved CACFP sponsor
* Ability to become a CACFP sponsor
* Site located in area eligible location
* Number of children to be served
* Number of days of operation
* Ability to pilot new strategies to increase the number of CACFP At-Risk meals
* Child Nutrition Index Data

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Date of application

# Organization Information

**If you are a Child Care Center or Community Organization, please fill out this form.**

|  |  |
| --- | --- |
| **Name of Organization:** | **Type of Organization:** |
| **Street Address:** | **City, State, Zip:** |
| **Phone Number:** | **Website:** |
| **Name/Title of Organization Leader:** | **Direct Phone Number:**  **Email:** |
| **Name/Title of Application Contact Person:** | **Direct Phone Number:**  **Email:** |
| **Program Partners:** | **Site Locations:** |

**If you are a School or School District, please fill out this form.**

|  |  |
| --- | --- |
| **School Name:** | **School District Name:** |
| **Street Address:** | **City, State, Zip:** |
| **Phone Number:** | **Website:** |
| **Superintendent:** | **Direct Phone Number:**  **Email:** |
| **Principal:** | **Direct Phone Number:**  **Email:** |
| **District Business Official/Manager:** | **Direct Phone Number:**  **Email:** |
| **Name/Title of Application Contact Person:** | **Direct Phone Number:**  **Email:** |
| **Total Enrollment:** | **Grades:** |

### Proposal Information

1. **Provide a brief narrative of the project and its goals. What do you hope to accomplish?**
2. **What sources would you need to accomplish these goals? Please provide an estimated budget and list any internal and external resources that will or may be put toward the project.**
3. **Please list the sites where you are currently serving CACFP meals and those you wish to expand.**
4. **How many CACFP meals did you provide in 2015/2016? How many CACFP meals do you expect to serve through this program? How many students do you expect will participate? Please provide a brief explanation of how you arrived these estimates.**
5. **What is the timeline for the project? What are key milestones?**

|  |  |  |
| --- | --- | --- |
| **Phase** | **Goal** | **Timeline** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |

1. **How will you measure your progress and outcomes?**

### Budget

**Dollar amount requested: $**

**Total project budget, if greater than request: $**

### Authorization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Organization Leader

Signature Date

**Application Submission and Notification**

Please e-mail a full-set of application materials to [grants@hungerimpactpartners.org](mailto:grants@hungerimpactpartners.org). A complete application should include:

* The name of your organization typed in the subject line, and “proposal.”
* This signed proposal document.
* IRS 501(c)(3) Determination Letter or equivalent (for your organization or for the umbrella organization/fiscal agent which you fall under, with a brief statement explaining the relationship between your agency and the umbrella organization/fiscal agent) OR if you are a faith-based organization and don’t have a 501(c)(3) letter, submit your Fourteen Point Test. Government entities, including public schools, are exempt from this requirement.
* List of your Board of Directors, including their titles, professional affiliations and when their board terms expire; government entities, please indicate titles of person responsible for the proposal and his/her immediate supervisor.
* Most recently completed Form 990, if available and pertinent.
* Itemized project budget, in whatever format you use.

Successful applicants will be notified by e-mail. Expect to receive a grant agreement, which will require a signature, before funds can be released.