



## REQUEST FOR PROPOSAL

Licensed Child Care Centers

APPLICATIONS DEADLINE: Rolling

Grant Awards: On quarterly cycle beginning Jan. 1

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.

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.

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

- Start a CACFP meal program at your licensed child care centers
- Increase enrollment by licensed child care centers in CACFP meal program
- Expand meal offerings at your licensed child care centers

Grants ranging from \$1,500 to \$2,500 will be awarded to an individual or multi-site child care center sponsor 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:**

- Must be licensed child care center in the State of Minnesota
- 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

\_\_\_\_\_  
Date of application

### Organization Information

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

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

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

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

<b>Proposal Information</b>
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- 1. Provide a brief narrative of the project and its goals. What do you hope to accomplish?**





**5. What is the timeline for the project? What are key milestones?**

Phase	Goal	Timeline
1		
2		
3		

**6. 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**



111 Third Avenue South, Suite 190 | Minneapolis, MN 55401  
www.hungerimpactpartners.org | 612-208-0139

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

- The name of your organization typed in the subject line, and “proposal.”
- This signed proposal document.
- IRS 501c3 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 501c3 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.