

Food Pantry Grant Program 2023 Application

Food Pantry Information

1. Food Pantry Name: *

2. Food Pantry Street Address: *

3. City: *

4. Zip *

5. County *

- Alcona
- Alger
- Allegan
- Alpena
- Antrim
- Arenac
- Baraga
- Barry
- Bay
- Benzie
- Berrien
- Branch
- Calhoun
- Cass

Charlevoix
Cheboygan
Chippewa
Clare
Clinton
Crawford
Delta
Dickinson
Eaton
Emmet
Genesee
Gladwin
Gogebic
Grand Traverse
Gratiot
Hillsdale
Houghton
Huron
Ingham
Ionia
Iosco
Iron
Isabella
Jackson
Kalamazoo
Kalkaska
Kent
Keweenaw
Lake
Lapeer
Leelanau
Lenawee
Livingston
Luce
Mackinac
Macomb
Manistee
Marquette
Mason
Mecosta
Menominee
Midland
Missaukee
Monroe
Montcalm
Montmorency
Muskegon
Newaygo
Oakland
Oceana
Ogemaw
Ontonagon
Osceola

Oscoda
Otsego
Ottawa
Presque Isle
Roscommon
Saginaw
Saint Clair
Saint Joseph
Sanilac
Schoolcraft
Shiawassee
Tuscola
Van Buren
Washtenaw
Wayne
Wexford



6. Food Pantry Phone Number: *

7. Applicant First Name: *

8. Applicant Last Name: *

9. Applicant Title: *

10. Applicant Email Address: *

11. Applicant Phone Number:

Please list the phone number that we can best reach you at for grant application questions. *

12. Phone Number Type: *

- Business Phone
- Mobile
- Other Phone

13. The applicant listed above is the primary contact person at the food bank to coordinate grant acceptance, requirements, equipment delivery and funding acceptance. *

- Yes
- No

14. First Name *

15. Last Name: *

16. Email Address: *

17. Phone Number: *

18. Phone Number Type: *

- Business Phone
- Mobile
- Other Phone

19. Title: *

20. Where you referred to this application by a Michigan Dairy Producer? *

Yes, Please Enter Name:

No

Application Questions:

21. Did you review the Grant Overview Packet? *

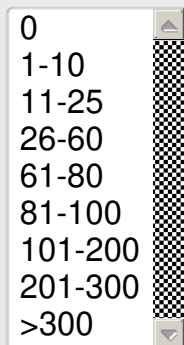
Yes

No

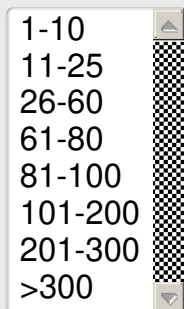
22. How many days **per week** are you open to provide food? *

A vertical dropdown menu with a checkered background. The numbers 0 through 7 are listed from top to bottom. The number 0 is currently selected and highlighted.

23. How many visitors does your pantry serve **weekly**? *

A vertical dropdown menu with a checkered background. The options are: 0, 1-10, 11-25, 26-60, 61-80, 81-100, 101-200, 201-300, and >300. The option 0 is currently selected and highlighted.

24. How many visitors does your pantry serve **monthly**? *

A vertical dropdown menu with a checkered background. The options are: 1-10, 11-25, 26-60, 61-80, 81-100, 101-200, 201-300, and >300. The option 1-10 is currently selected and highlighted.

25. What age group(s) does your food pantry serve?

Select all that apply *

- Children (0-18)
- Young Adults (19-26)
- Adults (27-65)
- Seniors (65+)

26. What population/special population(s) does your food pantry serve?

Consider urban vs. rural communities, transient/homeless populations, etc. *

27. What type of facility is your food pantry?

*Please choose the option that best describes your pantry. **

- Faith based pantry
- Independent food pantry
- Community center pantry
- School based food pantry
- College campus pantry
- Hospital based pantry
- Homeless shelter
- Mobile pantry
- Other - Write In

28. Do you source food from any of the following Food Banks?*

- Feeding America - West Michigan
- Food Bank of Eastern Michigan
- Food Gatherers
- Forgotten Harvest
- Gleaners
- Greater Lansing Food Bank
- South Michigan Food Bank
- None

29. How do you distribute food?

Select all that apply *

- Pre-packed boxes
- Backpack
- Client choice pantry
- Meals
- Drive-thru pantry
- Home Delivery
- Other - Write In

30. Please provide the **height** measurements of your entry doorway at your food pantry to best accommodate delivery of a new refrigeration unit.

NOTE: a standard doorframe is about 80 inches tall. [Resource – All Available Cooler Options with actual and shipping dimensions] *

31. Please provide the **width** measurements of your entry doorway at your food pantry to best accommodate delivery of a new refrigeration unit.

[Resource – All Available Cooler Options with actual and shipping dimensions] *

32. Please describe your current refrigeration setup and how much refrigeration space you currently have available: *

33. Do you currently distribute fresh dairy or fresh produce?

Select all that apply *

- Fresh Dairy
- Fresh Fruit
- Fresh Vegetables
- No, I do not currently distribute fresh dairy or produce

34. If not, how do you plan to procure or acquire fresh dairy and/or fresh produce in line with the grant requirements after receiving the refrigeration equipment? *

35. Please list any current dairy products offered:

Select all that apply *

- Milk
- Yogurt
- Cheese
- Cottage Cheese
- Other - Write In

36. Approximately, how much fresh dairy do you currently distribute? *

	Per Week	Per Month
# Gallons of Milk	<input type="text"/>	<input type="text"/>
# Pounds of Yogurt	<input type="text"/>	<input type="text"/>
# Pounds of Cheese	<input type="text"/>	<input type="text"/>
# Pounds of Cottage Cheese	<input type="text"/>	<input type="text"/>
<input type="text" value="Enter another option"/>	<input type="text"/>	<input type="text"/>

37. How do you currently procure/purchase dairy?

Select all that apply *

- Food Banks
- Food Rescue
- USDA
- Meijer Vouchers
- Donations
- Purchase
- Other - Write In

38. Approximately, how much fresh produce do you currently distribute? *

Per Week

Per Month

Pounds

39. Why are you applying for this grant? *

40. What is your sustainability plan to continue to distribute dairy after \$250 awarded with this grant is exhausted? *

41. How does your equipment grant request support the distribution of dairy foods to your clients? *

Equipment Delivery Confirmation & Grant Check Requirements

Page description:

Food pantries may apply for a refrigeration unit, valued up to \$7,000, to improve pantry infrastructure in support of the distribution of dairy foods and fresh produce. Food pantries will also receive a \$250 grant check in dairy match funding. Available commercial refrigeration units along with shipping dimensions and actual dimensions can be found in the Grant Overview. Based on answers provided above, a unit will be recommended to you.

42. Select your preferred double door refrigeration unit:

Consider use of the unit you are applying for, storage vs. shopping, etc. All units, stainless steel or glass door, will come custom wrapped. *

- Stainless Steel
- Glass Door

43. Small Single Door Glass Unit (Fogel VR-10, IDW G10, Habco ESM 10 or equivalent) *

1

44. Medium Single Door Glass Unit (Fogel VR-15, Fogel VR-17, Habco ESM18 or equivalent) *

1

45. Large Single Door Glass Unit (Fogel VR-26, IDW G26, Habco ESM28 or equivalent) *

1

46. Double Door Glass Unit (Fogel VR-45, IDW G49, Habco ESM46 or equivalent) *

1

47. Double Door Stainless Steel Unit (Excellence CR-43SS, Habco SE46SX or equivalent) *

1

48. Are you willing to accept the recommended refrigeration unit listed above? *

Yes

No

49. If you would like to change your recommended refrigeration unit, please select the best option for your pantry below: *

- Small single door glass unit (Fogel VR-10 OR IDW G10 OR Habco ESM10, or equivalent model)
- Medium single door glass unit (Fogel VR-15 OR VR-17 OR Habco ESM18, or equivalent model)
- Large single door glass unit (Fogel VR-26 OR IDW G26 OR Habco ESM28, or equivalent model)
- Double door glass unit (Fogel VR-45 OR IDW G49 OR Habco ESM46, or equivalent model)
- Double door steel unit (Habco 46 or Excellence CR-43, or equivalent model)

50. Please provide justification to changing your recommended refrigeration unit: *

51. Does your refrigeration unit need to be mobile (i.e. on wheels/castors upon install)? *

- Yes
- No

52. Is the food pantry address provided earlier the final destination address where the refrigeration unit needs to be shipped to and installed? *

- Yes
- No

53. Shipping/Installation Location Name: *

54. Shipping Address: *

55. Shipping City: *

56. Shipping Zip: *

57. Shipping Phone Number: *

58. Hours of Operation for your location: *

59. Do you agree to accept equipment delivery outside of these hours of operation listed above, potentially between Monday-Friday 8 a.m.-5 p.m.? *

- Yes
- No

60. Does your location have a loading dock that sits above ground level?*

- Yes
- No

61. Equipment will be delivered on a pallet, adding height to the unit to be considered when moving it inside of the building. [Resource – All Available Cooler Options with actual and shipping dimensions]

Can your location accommodate the shipping pallet dimensions? *

- Yes
- No

62. If no, do you have equipment available to bring the unit inside?
*I.e. forklift, pallet jack, or dolly? **

- Yes
- No

63. Where do you plan to have the unit installed? *

64. Does it need to go up or down stairs? *

- Yes
- No

65. Please list the exact number of stairs: *

66. Does it need to go through multiple doors or hallways?*

- Yes
- No

67. Please elaborate the route from delivery truck to installed location: *

68. **Electrical**

Each unit requires its own dedicated power outlet. Do you have sufficient electrical to support the unit?

*[Resource - Grant Overview with specific links to each refrigeration unit's electrical requirements]**

- Yes
- No

69. If no, do you agree to update electrical requirements prior to equipment delivery? *

- Yes
- No

70. Please select your preferred method of payment: *

- Wire Transfer (ACH Payment)
- Check Payment

71. Wire Transfer (ACH Payment) Information: *

Name of Bank:

Name on Account:

Bank Routing Number:

Bank Account Number:

72. Check Payment Information:

NOTE: We do not ship to P.O. Boxes, please enter a physical mailing address, where check payments can be accepted upon delivery.

*

Make Check Payable To:	<input type="text"/>
To Who's Attention:	<input type="text"/>
Street Address:	<input type="text"/>
City:	<input type="text"/>
Zip Code:	<input type="text"/>

Grant Affirmations

73. Do you and the rest of your staff agree to fill most of the cooler with milk or other dairy foods? *

- Yes
- No

74. If approved for this opportunity, do you agree to sign the letter of agreement that outlines the steps the Food Pantry and United Dairy Industry of Michigan will take?

*If the letter of agreement is not signed and returned, the food pantry will forfeit their grant opportunity **

- Yes
- No

75. Do you agree to provide evaluation six months and one year post grant acceptance? *

- Yes
- No

76. Additional Information

*please include any additional information for the grant review team to consider when reviewing your application *

Application Submitted - Thank You!

