|  |  |  |  |
| --- | --- | --- | --- |
| Submission Date: |  | County Contact: |  |
| Project Start Date: |  | Project End Date: | 12/30/2020 |

# Organization Information

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | | | | | | | |
| Name of organization | | | Legal name, if different | | | | | | | | |
|  | |  | | | | | | | | | |
| Address | | City, State, Zip | Employer Identification Number (EIN) | | | | | | | | |
|  | |  |  | | | | | | | | |
| Phone | | *Fax* | *Website* | | | | | | | | |
|  | |  |  | | | |  | | | | |
| Name of contact person regarding this application | | Title | Phone | | | | E-mail | | | | |
| Is your organization an IRS 501(c)(3) not-for-profit? | | | | | |  | | Yes |  | No |
| If no, is your organization a public agency/unit of government? | | | | |  | | Yes |  | No |
| *If no*, list name and address of fiscal agent: | | | | | | | | | |
|  | | |  |  | | | | | | |
|  | | |  | Fiscal agent’s EIN number | | | | | | |

### Project Information

|  |  |
| --- | --- |
| Please give a 3-5 sentence summary of project and what the funds will be used for: | |
| Demographics of the population served: |  |

Geographic area to be served:

### Budget

|  |  |  |
| --- | --- | --- |
| Total of Informal Quote per meal : | $ | For how many meals:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total project budget: | $ |  |
| Is your organization a current recipient of CARES funds? Yes \_\_\_ No \_\_\_ | If yes, explain what they are used for: | |

### Authorization

|  |  |
| --- | --- |
| Name and title: |  |
| **Signature** |  |

**Informal Quote Narrative**

**Quotes submitted by Qualified Contractors will be reviewed initially to confirm whether each meets the eligibility criteria for Emergency Foodservices: Home-Delivered Meals utilizing CARES funding. Quotes meeting the eligibility criteria will be assessed for available funding awards. If the funds requested in every eligible quote exceed the available CARES funding, the quotes that meet all eligibility criteria will be scored by a review panel consistent with the policies and procedures of the County; the highest scoring quotes(s) will be awarded a contract. When submitting quotes and writing the narratives keep the following in mind:**

**Proposals will be reviewed based on the following eligibility criteria. For a more detailed description of eligibility criteria, refer to the Emergency Purchase Informal Quote document, section 1.2 – Contractor Qualifications.**

* Qualified Contractors in Ramsey County that were planning to provide Emergency Foodservices: meals for youth and students to Ramsey County Residents that have been significantly affected and are homebound due to Covid-19; and,
* Qualified Contractor demonstrates the ability and willingness to comply with CARES Act funding requirements and proposed services and associated costs do not supplant existing resources.

**Use the following outline as a guide to your narrative (5 page maximum):**

1. Brief summary of organization/Sponsor status with Minnesota Department of Education’s Food and Nutrition Services/mission/vision/goals/why you are seeking funding/ how has COVID-19 impacted your food program/ and what are your needs related to COVID-19.
2. Community that would be reached (geographic, ethnic, racial, etc.); Describe how your organization addresses equity, fair and just inclusion so Ramsey County residents can participate, prosper and reach their full potential, with a focus on racial equity and vulnerable populations.
3. Please explain the following on how this funding will be used to feed those who are eligible to receive free meals delivered to their homes.
   1. Total recipients to be served per month and how many meals/snacks to be served;
   2. Outreach and engagement plan to reach youth and students who may qualify for services;
   3. Food distribution safety process (appropriate food licensees, food packaging/safety, etc.);
   4. Any relevant use of subcontractors or other joint applicants;
   5. Ability purchase or prepare meals and distribute meals/ basic needs to the doorstep of housebound recipients or how distribution occurs to centralized location for youth access;
   6. How your proposal will expand your existing services; focused on culturally appropriate foods, or other needs within your community;
   7. Ability to assist recipients’ family with referral and access to Ramsey County or other community services; and
   8. Capacity to assume all responsibility for the entire administration of the program. (e.g. account for, track, monitor and evaluate funding and expenditures and outcomes.)
4. Share how your programming will positively impact communities that are disproportionately being affected by Covid-19. Include how the requested services align with Ramsey County’s goal to reducing disparities in food security and how they are a response to the barriers caused by Covid-19.
5. Are there additional needs your organization is requesting funds for, outside the list of examples provided? If so, for what purpose and what portion of your total budget will be allocated for this?

Budget

**Information and Instructions:**  Please use the Budget Form. All financial transactions, including Overhead Costs, must have supporting documentation. All costs, including overhead, must be necessary and directly linked to the project and within compliance with CARES Act funding regulations. Complete the proposed budgetary breakdown (including cost per meal, type of meals (hot/cold), staff, transportation, subcontracting and supplies), etc.