



## SOLID WASTE ALTERNATIVES PROGRAM Food Storage Capacity Grant Offering Application

Applicant: South Central Calhoun School District Application Date: 6/12/20  
Contact Name: Nicole McChesney Contact Telephone: 712-210-5168  
Contact Email: nmcchesney@scc.k12.ia.us  
Applicant Address: 330 Brower Street, Rockwell City, IA 50579  
Mailing Address (if different): \_\_\_\_\_  
Project Purpose: add freeze space for our school's food pantry  
Project Service Area: \_\_\_\_\_  
Number of Years Distributing Donated Food: 2  
Funding Amount Requested: 1100.00  
Cost Share Amount: 100.00 (not required but encouraged)  
Total Project Cost: 1200.00

### Evaluation Criteria

Proposal review and project merits will be based on the proposal's narrative addressing the following criteria. There is a limit of 3,000 characters per evaluation criteria response.

**Project Need Description:** Describe why additional storage/cold storage is needed by your organization.

Our elementary school offers a free food pantry to all families within our district. Food is supplied by the Food Bank of Iowa, local donations, and excess from the school meal program. The current freezer and refrigerator capacity limits our ability to accept donations. This in turn, leads to unneccessary waste in the hot lunch program.

**Project Goals:** Identify up to three main goal(s) for the proposed project and steps to achieve these goals.

1. Reduce waste in the hot lunch program by (1) doubling availabe cold stormage capacity, (2) developing protocols for accepting milk and produce from the hot lunch program, and (3) distributing items to children and families who are food-insecure.
2. Reduce food waste in the community by (1) doublin available freezer space, (2) accepting donated meat and from individuals and agencies with excess, and (3) distributing items to children and families who are food-insecure.
- 3.
- 4.

**Measuring Goals:** Describe how meeting project goals will be measured.

Data will be kept for donations that are offered, accepted, and declined due to space. Data will be kept for the number of families served and total occasions that the food bank is accessed.

**Impact on Number of People Served, Pounds of Food Distributed and Operations Efficiencies:** Describe how and extent to which the project will impact the number of people served, food distributed and organization operations.

We currently serve an average of 25 families, 75 individuals, on a monthly basis. This represents the distribution of about 300 pounds of food per month. Because of our limited freezer and refrigerator space, we are not able to order large quantities from the Food Bank of Iowa, so the majority of these food items are gone within the first 2 weeks of the month and are received on a first-come basis, leaving many families without access to meat, eggs, milk and produce. Increasing our cold storage will allow us to accept larger deliveries and, therefore, to make these items available to more families and for the entire month. Additionally, this project will improve operational efficiency is that it will allow us to take advantage of unexpected opportunities. For example, Iowa Select recently had a surplus of pork and offered to donate it to our food bank. Because we had available freezer space, we had to decline the donation. Finally, current cold storage appliances were purchased with funds from the Food Bank of Iowa. Per their guidelines, we cannot accept meat processed by our three local lockers. This project would allow us to do so, again reducing waste and increasing number of families served and pounds of food distributed.

### Milestones

List Project Tasks or Activities planned:

Task or Activity	Planned Begin Date	Planned End Date	Responsible Party
Shop for appliances that will fit in space, meet Energy Star ratings, and double capacity.	8/3/20	8/14/20	Nicole McChesney
Purchase and haul appliances.	8/10/20	8/21/20	Nicole McChesney
Develop protocols for accepting food from the school lunch program to the food bank.	8/10/20	8/21/20	Nicole McChesney, Principal and Michell Brown, Food Service Coordinator
Start accepting and distributing additional donations.	8/24/20	8/24/20	Nicole McChesney

Date project to be fully implemented: 8/31/20

### Budget

Budget Item & Quantity	Request Amount	Cost Share (not required)	Total Cost
1 chest freezer, 7 cubic feet	300.00	0	300.00
1 refrigerator without freezer, 17 cubic feet	900.00	0	900.00
pick-up and delivery	0	100.00	100.00

### Budget Narrative

Detail each budget item for which funding assistance is requested, why this item(s) was chosen and its role in the proposed project. Cold storage items **must be** Energy Star rated.

The chest freezer was chosen for the purpose of storing meat including that donated by local lockers, individuals, and companies (i.e. Iowa Select). The size and shape is best for this purpose. The refrigerator was chosen without a freezer as combined refrigerator/freezer units do not allow for the best fit for storage of eggs, milk, and produce. Appliances will serve the role of doubling cold storage and will be Energy Star rated.

**Signature**

I affirm the information provided on this Application is true, and that I will provide all other information requested for further substantiation. I agree that if awarded financial assistance for a project(s), I will execute the contract the DNR provides for conveying those funds, which will include but not be limited to conditions for expending those funds, and for making reasonable accounting of those expenditures.

In order to determine funding eligibility, the Department reserves the right to verify any information presented in the application and to determine the applicant's compliance status with applicable Local, State and Federal statutes and regulations. If an applicant is selected to receive financial assistance, an offer of financial assistance may be rescinded if the applicant is determined to be out of compliance with applicable Local, State and Federal regulations.

Nicole McCherny

Signature, Title

6/12/20

Date

**Note:** Applications must be signed by a person authorized to commit applicant to proposed project.

### Minority Impact Statement

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the State of Iowa which are due beginning January 1, 2009 shall include a Minority Impact Statement. This is the state's mechanism to require grant applicants to consider the potential impact of the grant project's proposed programs or policies on minority groups. **Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).**

- ☐ The proposed grant project programs or policies could have a disproportionate or unique **positive** impact on minority persons.

Describe the positive impact expected from this project

Indicate which group is impacted:

- ☐ Women
- ☐ Persons with a Disability
- ☐ Blacks
- ☐ Latinos
- ☐ Asians
- ☐ Pacific Islanders
- ☐ American Indians
- ☐ Alaskan Native Americans
- ☐ Other

- ☐ The proposed grant project programs or policies could have a disproportionate or unique **negative** impact on minority persons.

Describe the negative impact expected from this project

Present the rationale for the existence of the proposed program or policy.

Provide evidence of consultation of representatives of the minority groups impacted.

Indicate which group is impacted:

- ☐ Women
- ☐ Persons with a Disability
- ☐ Blacks
- ☐ Latinos
- ☐ Asians
- ☐ Pacific Islanders
- ☐ American Indians
- ☐ Alaskan Native Americans
- ☐ Other

- ☒ The proposed grant project programs or policies are **not expected to have** a disproportionate or unique impact on minority persons.

Present the rationale for determining no impact.

Access to the school food pantry is made equally to all families in the district regardless of minority status

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

**Name:** Nicole McChesney **Title:** elementary principal

### **Definitions**

“Minority Persons”, as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

“Disability”, as defined in Iowa Code Section 15.102, subsection 5, paragraph “b”, subparagraph (1):

*b.* As used in this subsection:

- (1) “*Disability*” means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

“*Disability*” does not include any of the following:

- (a) Homosexuality or bisexuality.
- (b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders.
- (c) Compulsive gambling, kleptomania, or pyromania.
- (d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.

“State Agency”, as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other agency or authority of the State of Iowa.

### Applicant Disclosure

The Applicant must provide the following information. This is a continuing disclosure requirement from application submittal through agreement end date (if funding is awarded).

1. During the last three (3) years, has the Applicant received written notification from a state agency that a debt is owed to a state agency or a debt is being enforced through the Income Offset Program (including the state child support recovery unit if the Applicant is an individual) that will in any way impact receipt of monies awarded through this program?

☐ Yes ☒ No

If yes, provide the date by which the Applicant will or has satisfied debts owed to or being collected by the state.

2. During the last three (3) years, has the Applicant had a contract for goods and/or services terminated for any reason, or has the Applicant received a notice of breach, notice of default, or similar notice?

☐ Yes ☒ No

If yes, provide full details related to the termination or notice.

3. During the last three (3) years, describe any damages or penalties or settlements pertaining to contract disputes under any of the Applicant's existing or past contracts as it relates to goods and/or services performed that are similar to the goods and/or services contemplated by this application. If so, indicate the reason for the penalty, damages or exchange of property, goods, or services and the estimated amount of the cost of that incident to the Applicant.

NA

4. During the last three (3) years, list and summarize all litigation, threatened litigation, administrative or regulatory proceedings, or similar matters to which the Applicant or its officers have been a party. Any such matter commencing after submission of an application, and with respect to the successful Applicant after the execution of a contract, must be disclosed in a timely manner in a written statement to the Department's contract officer.

NA

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

Name: Nicole McChesney

Title elementary principal

Emails from South Central Calhoun CSD

Hello, Tom. Thank you for contacting me. I apologize for the error. A total of \$1200 (\$1100 for the grant) should be sufficient.

As for accepting donations from local lockers, the Food Bank of Iowa requires that food pantries operating under their agreements do not accept meat from lockers unless that locker has gone through a particular certification process. The lockers in our area (Lohrville, Lake City, and Yetter) have not. They are, however, fully licensed and inspected. I will email the program coordinator for more specific details and will forward those to you as soon as possible.

Nicole

On Wed, Jun 24, 2020 at 3:40 PM Anderson, Tom <[tom.anderson@dnr.iowa.gov](mailto:tom.anderson@dnr.iowa.gov)> wrote:  
Nicole

Have a quick question. Need to clarify the grant request amount.

The application cover page indicates a DNR request of \$1,100 with \$100 cost share for a Total Project Cost of \$1,200.

The Budget (Pg. 2) indicates a DNR request of \$1,200 with \$100 cost share for a Total Project Cost of \$1,300.

Also, the application contained the following: "...current cold storage appliances were purchased with funds from the Food Bank of Iowa. Per their guidelines, we cannot accept meat processed by our three local lockers." Would you provide a few sentences as to why the Food Bank of Iowa placed restrictions preventing acceptance of unexpected meat donations from your three local lockers?

Thanks

Tom

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2<sup>nd</sup> Email with additional details

**Nicole McChesney**

Thu, Jun 25, 4:01 PM  
(19 hours ago)

to me

Tom-- Below are additional details about the Food Banks rules. Our local lockers are not USDA inspected, nor are they participants in the HUSH program.

Nicole

**Processing your own pork, beef, or other meat?** We love donated meat of all kinds and types! Many people who have a hog or other livestock processed donate some of the meat that is produced. In order for us to accept these donations, they must be:

- Processed in a USDA-inspected locker\*
- Labeled with the product name, weight, place of manufacture, and ingredients
- Properly refrigerated or frozen

Contact Emily Shearer at [eshearer@foodbankiowa.org](mailto:eshearer@foodbankiowa.org) or 515-867-2894 to learn more.

**Hunters** can donate legally harvested deer through the HUSH (Help Us Stop Hunger) program, a partnership with the Iowa Department of Natural Resources and participating meat lockers\*. [Learn about the HUSH program.](#)



**Signature**

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Nicole Mc Cherry  
Signature, Title

6/12/20  
Date

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Signature

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Signature, Title

*Nicole McChesney*

Date

*6/12/20*

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