



SOLID WASTE ALTERNATIVES PROGRAM

Food Storage Capacity Grant Offering Application

Applicant: ICCompassion Application Date: 7/9/2020

Contact Name: Teresa Stecker Contact Telephone: 3193309883

Contact Email: teresa@iccompassion.org

Applicant Address: 1035 Wade St., Iowa City Iowa 52240

Mailing Address (if different): _____

Project Purpose: Increase cold food storage capacity

Project Service Area: Johnson County

Number of Years Distributing Donated Food: 14

Funding Amount Requested: \$7360

Cost Share Amount: \$1,840 (not required but encouraged)

Total Project Cost: \$9200

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. Historically, the IC Compassion food pantry has been a fairly small piece of the services that we provide, our role in the community primarily being immigration support, English language learning, workshops and job assistance. With the onset of COVID-19, the IC Compassion Food Pantry has grown exponentially. We are providing meals for families at a rate of 200%-400% of pre-COVID rates. This is in contrast to other local food pantries, who have seen their numbers fall or remain flat. This is because we have built trust with the immigrant population we serve, and as their food needs have increased, they turn to the organization that they have already built a relationship with. We anticipate retaining our larger food pantry, even after the pandemic eases, as we see the larger need for food security with our most vulnerable populations.

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

1. Ability to accept more food donations due to increased food storage capacity
2. Not being forced to dispose of food due to spoilage because our cold food storage is inadequate
3. Providing more food for more families through expanded capacity

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

#1. Goal will be measured by the pounds of perishable foods that are received monthly. Comparisons of pre-COVID food distribution to current food distribution to future increased capacity food distribution. Our goal is to see 200% increased of perishable foods per month. #2 Goal will be measured by pounds of decreased food waste. Related to perishable foods, to cut our waste by 50% especially with fresh produce from gardens. #3 Goal will be measured by pounds of perishable foods that are distributed weekly and pounds of perishable food given to larger families. 100% increase

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.

With increased capacity for food storage, we would be able to maintain our current increase of food needs as Covid continues. It would allow for expand our service hours for distribute food thus minimizing risk of spread of virus . With our larger families over 5 people, we would be able to increase the produce and other healthy choices to adequate support daily recommended servings per individuals per day. This would also reduce families trying to go other places for adequate food.

Milestones

List Project Tasks or Activities planned:

Task or Activity	Planned Begin Date	Planned End Date	Responsible Party
Plan for increased capacity	8/1/2020	8/13/2020	Board and Executive Director
Purchase of food capacity storage	8/14/20	8/21/2020	Executive Director and Food Pantry Director
Policy for new distribution	8/21/20	8/24/20	Executive Director
? Electrical needs evaluated and updated if needed	8/1/2020	8/14/2020	Executive Director and Electrician

Date project to be fully implemented: 9/1/2020 or sooner

Budget

Budget Item & Quantity	Request Amount	Cost Share (not required)	Total Cost
Vertical Commercial Freezer	3600	900	4500
Double commercial refrigerator with display doors	1600	400	2000
Produce Cooler	2160	540	2700

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.

We look for appliances that met the recommendations per Iowa State University Equipment guidelines. We attempted to buy local also but unable to locate what we needed. These are units found on websturant.com. They would meet our measurements, energy star rated and space of freezer is 46 cubic ft., refrigerator is 47 cubic ft and cooler for produce is 72 by 23.

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.

JK Steel Executive Director

Signature, Title

7-17-20

Date

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

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.

None

- 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.

None

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

Name: JK Stahl

Title: Executive Director

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.