



Iowa Department of Natural Resources
Kayla Lyon, Director

SOLID WASTE ALTERNATIVES PROGRAM

Food Storage Capacity Grant Offer

Guidelines and Application

The Iowa Department of Natural Resources is offering grants to non-profit food banks, food pantries and other non-profit entities that accept and distribute food to food insecure Iowans.

The purpose of Food Storage Capacity Grants is to:

- reduce landfilling of edible food items;
- reduce spoilage of perishable foods; and
- increase the availability of non-perishable food items.

Individual awards of up to \$8,000 in grant funding is available, on a competitive basis, for projects seeking:

- additional storage (i.e. shelving) to facilitate managing and displaying food items for distribution; and
- additional cold storage to increase the availability of perishable food items **and** to minimize the loss of perishable food items prior to distribution. Freezers and refrigerators must be **Energy Star** rated. Walk-in coolers, and freezers and other commercial or industrial equipment not **Energy Star** rated, must be energy efficient as identified by the Dept. of Energy.

Applicants must use the DNR provided grant application. Applications will be reviewed on an on-going basis until available funds have been awarded.

Projects funded under this grant offering are required to enter into an agreement with the DNR and provide a final report summarizing the project and project results. The final report may include, but is not limited to, the number of people/families served, the amount of food distributed, the increase in acceptance of donated food items made possible by increased storage capacity and a decrease in spoiled perishable food items landfilled.

Applicants receiving funding **must** follow applicable food safety guidelines.

Applicant Eligibility

Eligible applicants include non-profit food banks and food pantries and other non-profit organizations responsible for accepting and donating edible food to food insecure Iowans.

The Department reserves the right to verify any information presented in the application. If an applicant is selected to receive financial assistance, an offer of financial assistance may be rescinded if the applicant is determined to be out of compliance with local, state or federal regulations or does not meet the conditions of eligibility.

Proposal

Proposals for financial assistance must be submitted electronically through the Land Quality Bureau and must use the application forms and format provided herein. Electronic proposals must be submitted with the subject line "**Food Storage Capacity Grant Offer**" to reid.bermel@dnr.iowa.gov.

Proposals submitted for financial assistance consideration are not guaranteed funding.

Financial assistance offers may be less than the full amount requested by the applicant.

Proposals are considered public information and are available for review upon request.

Proposals **must be** signed by an authorized representative of the applicant

A current W9 form will be required of applicants awarded grant funding.

Iowa Waste Exchange (IWE) representatives are available to discuss your project and assist with proposal writing upon request. To find the IWE representative serving your area of the state, go to www.iowadnr.gov/faba and click on Iowa Waste Exchange (IWE).

Direct questions regarding the Food Storage Capacity Grant Offer to:

Reid Bermel

Email: reid.bermel@dnr.iowa.gov

PROPOSAL SUBMISSION GUIDELINES

Proposals should contain sufficient detail for reviewers to visualize and understand the project in its entirety.

Applicants must:

- Submit a **signed**, original completed electronic proposal;
- Utilize forms contained herein;

Proposal Review

- Proposals will be reviewed and funding decisions made within approximately 30 days.
- If a proposal is determined to be incomplete, the proposal may be rejected.
- Based upon review of proposals, additional information may be requested for projects meriting further consideration. A request for additional information does not guarantee funding.
- Award recipients shall enter into an agreement with the Department of Natural Resources. A fully executed agreement must be completed prior to incurring costs for which grant funds will be claimed for reimbursement.

ELIGIBLE EXPENSES

Eligible Expenses

Applicants may request financial assistance for the purchase, delivery and installation of:

- Shelving to properly store or display donated **food** items for distribution;
- Cold storage **Energy Star** rated freezers and refrigerators; and
- Cold storage, energy efficient walk-in coolers and freezers and other commercial or industrial equipment to be used to extend the shelf life of donated perishable food items for distribution to food insecure Iowans.

AWARD DISBURSEMENT AND AGREEMENT REQUIREMENTS

Funds will be released on a reimbursement basis after a correctly completed Grant Expense Sheet (Department provided) and supporting documentation (i.e. invoice, cancelled check) has been submitted to the Department for payment.

Project costs incurred prior to an executed agreement or costs not identified in the agreement budget are ineligible for reimbursement.

Projects selected to receive financial assistance must:

- enter into an agreement with DNR within 1 month of grant award notification;
- provide a current W9 form; and
- submit a correctly completed Grant Expense Sheet claiming grant reimbursement within three (3) months from the start date of the executed agreement between the applicant and the DNR.

Failure to meet the above conditions may result in the DNR rescinding any grant assistance offer in the absence of prior written approval between the grant recipient and the Department.

Food Storage Capacity Expansion Grant Application

Application Date: 11/28/2022

Applicant: Mount Pleasant Home

Contact Name: Keith Kettler

Contact Telephone: 563-542-1590

Contact Email: info@mtpleasanthome.org

Applicant Address 1695 Mt. Pleasant Street Dubuque, IA 52001

Mailing Address (if different): _____

Project Purpose: Add Shelving for storage

Project Service Area: Dubuque County IA

Address Location of Cold Storage Unit(s) and/or Shelving 1695 Mt. Pleasant Street Dubuque, IA 52001

Number of Years Distributing Donated Food 31

Funding Amount Requested: \$1,947.60

Cost Share Amount: \$47,924.08
(not required but encouraged)

Total Project Cost: \$50,008.01

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. During an inspection we were strongly encouraged to update this unit. Because of its age, the existing unit has storage and sanitation issues, and lacks energy efficiency. A new walk-in cooler would run more efficiently, provide greater storage capacity, and will be more sanitary. A modern unit will have the coil and condenser outside, allowing for cooler temperatures in the summer time and ease of maintenance; additionally, the newer technology is 25% more energy efficient. This will provide energy savings for years to come.

Mt. Pleasant Home (MPH) has partnered with River Bend Foodbank to act as a distribution site for The Emergency Food Assistance Program (TEFAP), also referred to as USDA Commodities. With this partnership, we are able to provide food to individuals in the Dubuque area as well as the residents of MPH. However, our ability to provide this service requires that we are able to safely store perishable items. With a modern cooler and freezer, we would be able to both improve and increase our storage capabilities.

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

1. Through donations and grants we were able to fund the purchase of a new walk-in cooler/freezer combination in 2021. We used some of the old shelves until we could purchase Metromax shelving and dunnage racks. What we purchased cost \$4,829.40. We have made due but are still in need of more storage shelving.
- 2.
- 3.

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

This will allow for better organization of food products. It will also aid in our first in / first out.

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 accepted and distributed and organization operations.

	Current	Goal
Number of People Served (monthly)	2700	3500
Pounds of Food Distributed (monthly)	5100	6500

Operational efficiency Impact: Describe efficiencies in operations resulting from the addition of storage and cold storage.

This will allow for better "First In – First Out" product rotation.

Milestones

List Project Tasks or Activities planned:

Task or Activity	Planned Begin Date	Planned End Date	Responsible Party
Replace 70 year old walk-in cooler	06/15/2021	06/30/2021	Nieland Refrigeration Co.
Add 3 more Shelves	Pending Funding	12/31/22	Mt. Pleasant Home

Estimated date project to be fully operational: _____

Budget

Budget Item & Quantity	Request Amount	Cost Share (not required)	Total Cost
3 MetroMax shelves	\$649.20		\$1,947.60
Total	\$1,947.60		\$1,947.60

Budget Narrative

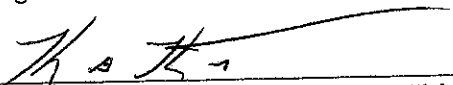
Detail each budget item for which funding assistance is requested, why this item(s) was chosen and its role in the proposed project.

To help complete this project.

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.



Signature, Title

11/29/2022

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
_____ Blacks
_____ Latinos
_____ Asians
_____ Pacific Islanders
_____ American Indians
_____ Alaskan Native
_____ 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:

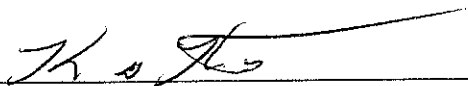
_____ Women
_____ Persons with a
_____ Blacks
_____ Latinos
_____ Asians
_____ Pacific Islanders
_____ American Indians
_____ Alaskan Native
_____ Other

- X ☐ 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.

We serve everyone that walks through the door.

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

Name: Keith Kettler



Title Administrator

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?

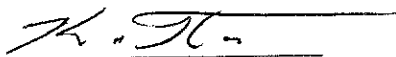
☐ Yes ☒ No

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.

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.

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

Name: Keith Kettler 

Title Administrator



Hubert Company
9555 Dry Fork Road
Harrison
Ohio 45030-1994
1 800 543 7374
www.hubert.com

MOUNT PLEASANT HOME
1695 MOUNT PLEASANT ST
DUBUQUE
IA, 52001-4209

Exp. 12/6/2022

Ref. No: Q539804

Direct

<u>Item No</u>	<u>Qty</u>	<u>Description</u>	<u>Price (\$)</u>	<u>Ext. Price (\$)</u>
81647	3 KT	Metro MetroMax Q™ 4 Shelf Epoxy Coated Wire Shelf Unit - 48"L x 24"W x 63"H	649.20	1947.60
Weight Capacity - 800 Lbs Per Shelf, 2,000 Lbs Per Unit; Temperature Range - -20°F to 125°F; Shape - Rectangular; No. of Shelves - 4; Length - 48.0; Compatible With - 76396; Collection - MetroMax Q®; Secondary Color - Blue; Warranty - Lifetime Guarantee On Shelf Plate, 15 Year Against Rust And Corrosion On Post And Frames; Width - 24.0; Height - 63.0; Finish - Epoxy Coated; Material - Steel; Shipping Information - Assembly Required				
Total Merchandise				1947.60
Shipping				236.67
SubTotal				2184.27
Total Merchandise				1,947.60
Total Shipping				236.67
Additional Charges				0.00
Tax				136.33
Total				2,320.60

(US DOLLARS)

PO#
VIZIENT CONTRACT # FD3025

Acceptance _____

Date _____

Printed Name _____

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. MT Pleasant Home	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 501(c)(3) Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 1695 MT Pleasant St	Requester's name and address (optional)
6 City, state, and ZIP code Dubuque, Iowa 52001	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
4	2	-	0	6	9	8	1	9	7

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► [Signature]	Date ► 09/01/2022
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.