

Food Storage Capacity Expansion

Grant Application

Application Date: 12/21/2022

Applicant: Brighton Community Church

Contact Name: Pastor Rick Zickefoose

Contact Telephone: 319-548-0073/694-2470

Contact Email: rickzick3@hotmail.com/brightoncommunitychurchia@gmail.com

Applicant Address 101 S Mechanic St
Brighton, Iowa 52540

Mailing Address (if different): 2050 Highway 78
Brighton, Iowa 52540

Project Purpose: Stationery Community Food (w HACAP – Hiawatha)

Project Service Area: Brighton, Iowa

Address Location of Cold Storage Unit(s) and/or Shelving 101 S Mechanic St

Number of Years Distributing Donated Food 2.5 years

Funding Amount Requested: \$2000.00

Cost Share Amount:
(not required but encouraged) \$262.86 – tax/delivery/install on 20 & 22 sq ft Frigidaire chest freezers

Total Project Cost: \$2264.86

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 Church opened a stationery food pantry at the announcement of the COVID-19 pandemic. Our original donated chest freezer is old. Plus we often need overflow space when frozen products become available through HACAP of Hiawatha or while doing special community wide food security initiatives. We secured two upright freezers in the shopping area. But could use two chest freezers in our storage room.

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

1. Expand our protein offerings
2. Increase freezer storage

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

Increased freezer storage and overflow space for frozen meats and foods

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)	60	100
Pounds of Food Distributed (monthly)	1000	2000

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

As a HACAP/TEFAP partnering pantry, we often get opportunities to acquire bulk amounts of meats but currently we can only store about as much frozen product as we give away in an ordering cycle

Milestones

List Project Tasks or Activities planned:

Task or Activity	Planned Begin Date	Planned End Date	Responsible Party
Increase freezer storage space	asap	permanent	Brighton Community Church
25 sq ft Frigidaire chest freezer	asap	permanent	Brighton Community Church
20 sq ft Frigidaire chest freezer	asap	permanent	Brighton Community Church

Estimated date project to be fully operational:

Asap – March 1, 2023?

Budget

Budget Item & Quantity	Request Amount	Cost Share (not required)	Total Cost
25 sq ft Frigidaire chest freezer	\$1099.00	\$161.93	\$1260.93
20 sq ft Frigidaire chest freezer	\$899.00	\$102.93	\$1001.93
Total	\$ \$1998	\$264.86	\$2262.86

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.

One 20 sq ft Frigidaire chest freezer. One 22 sq ft Frigidaire chest freezer. (Brighton Community Church offers to pay taxes and delivery and install expenses from The Appliance Barn in Kalona, Iowa)

Signature Pastor Rick Zickefoose

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.

Pastor Rick Zickefoose

12/21/2022

X

Rick Zickefoose
Pastor

Signature, Title

12/21/2022

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: Brighton Community Church Food Pantry has an account with HACAP of Hiawatha, Iowa. We distribute some TEFAP foods through HACAP and are compliant with the Civil Rights Act of 1964 annual training. Brighton presently has or has had each of these minority groups and we gladly serve anyone who comes to us with food security needs.

Indicate which group is impacted:

<u>Y</u>	Women
<u>Y</u>	Persons with a
<u>Y</u>	Blacks
<u>Y</u>	Latinos
<u>Y</u>	Asians
<u>Y</u>	Pacific Islanders
<u>Y</u>	American Indians
<u>Y</u>	Alaskan Native
<u>?</u>	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. none

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

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

Indicate which group is impacted:

<u>Y</u>	Women
<u>Y</u>	Persons with a
<u>Y</u>	Blacks
<u>Y</u>	Latinos
<u>Y</u>	Asians
<u>Y</u>	Pacific Islanders
<u>Y</u>	American Indians
<u>Y</u>	Alaskan Native
<u>Y</u>	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.

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

Name: Rick Zickefoose

Title Pastor

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: Rick Zickefoose

Title Pastor