

Food Storage Capacity Grant Offering Application

Applicant: Farm Table Delivery Application Date: July 31 2025
Contact Name: Michelle Dill, Executive Director Contact Telephone: 402.203.8738
Contact Email: director@farmtabledelivery.com
Applicant Address: 510 Main Street, Minden, Iowa 51553
Mailing Address (if different): PO Box 13, Minden, Iowa 51553
Project Purpose: Pallet Entry /Walk-in Cold Storage Purchase
Project Service Area: Western Iowa
Address of Cold Storage Unit(s) and/or Shelving: 510 Main Street, Minden, Iowa 51553
Number of Years Distributing Donated Food: 12
Funding Amount Requested: \$5,000.00
Cost Share Amount: \$78,888.12 (not required but encouraged)
Total Project Cost: \$83,180.89

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.

Farm Table Delivery (FTD), is a non-profit food hub based in Minden, Iowa. We work as a USDA-defined food hub that connects local food producers to schools, pantries, food banks, restaurants, retailers, and families. FTD received a grant to increase its cold storage capacity covering 90% of the project. FTD seeks support for the remaining balance of the cost to purchase the units. FTD plans to add a pallet-fit freezer and cooler to expand its fulfillment capacity, create cold-storage redundancies, reduce transport inefficiency, and reduce staff injury and fatigue at our warehouse. Increased cold storage will allow for more products and better variety on hand, which can reduce the frequency and increase the volume of purchases from producers. Intact pallets will also decrease the risk of accidents and injury to staff. FTD will order the freezer and cooler upon announcement of funds. Installation will begin in conjunction with the availability of the equipment and labor.

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

1. Reduced waste and spoilage.
2. Increased volume of refrigerated and frozen foods distributed.
3. Increased efficiency and safety for staff, vendors, partners and volunteers.

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

- Increased benefits of the additional cold storage can be measured by:
- Decreases in food wasted to due to spoilage / lack of temperature controlled space.
- Increase in volume distributed, storage capacity and operational efficiencies.
- Increases in varieties of products stored and distributed.
- Establishment of new rural food desert service, summer SNAP programs, and pantry/food banks being served.
- Improved workplace safety and efficiency through palletized movement of product.

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 and operations.

Under the Local Food for Pantry Assistance (LFPA), Farm Table moved over \$223,724.54 of local foods to pantries and food banks in 2024 and 2025, nearly 30% of FTD’s product movement. While these funds are no longer available, local food continues to move through FTD to help our most vulnerable via the summer SNAP school programs in Iowa and exporting Iowa products to LFPA programs in Nebraska and Minnesota as they expend their funds. FTD continues to be a resource to our LFPA partners, schools, and private initiatives aimed at ensuring everyone has fresh, nutritious food available. We measure dollar value, not pounds

	Current	Goal
Number of People Served (monthly)	300+	400+
Pounds of Food Distributed (monthly)	\$5000	\$8000

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

These new cold storage units will enable staff and volunteers to load and unload refrigerated goods in a safer and more efficient way. These coolers will have standard pallet wide doors enabling us to move product quicker and easier - when a frozen pallet arrives, staff need to quickly unload each case. Most importantly, these coolers will enable us to increase the shelf-life and longevity of our products, making them safer and healthier within our marketplace. This also greatly reduces product waste and damage.

Milestones

List Project Tasks or Activities planned:

Task or Activity	Planned Begin Date	Planned End Date	Responsible Party
Pallet Entry Walk-in Freezer ordered	September 2025	December 2025	Farm Table Delivery / Wilson's
Pallet Entry Walk-in Cooler ordered	September 2025	December 2025	Farm Table Delivery / Wilson's

Estimated date project to be fully operational: December 31, 2025

Budget

Budget Item & Quantity	Request Amount	Cost Share (not required)	Total Cost
Pallet Entry Walk-in Cooler + Tax	\$2,500.00	\$22,162.10	\$24,662.10
Pallet Entry Walk-in Freezer + Tax	\$2,500.00	\$36,726.02	\$39,226.02
Professional Install (req by manufacturer)	-	\$20,000.00	\$20,000.00
Total	\$5,000.00	\$78,888.12	\$83,888.12

Budget Narrative

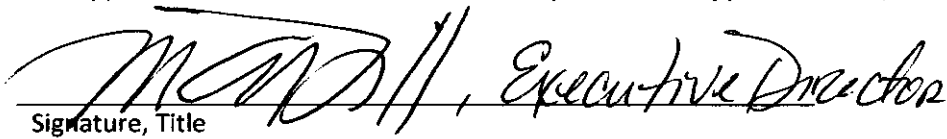
Detail each budget item for which funding assistance is requested, why this item(s) was chosen and its role in the proposed project.

Bids were taken from three Iowa based vendors. After careful review and research, the desired vendor was approved by our board of directors.

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.

 Executive Director 7/31/2025

Signature, Title 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

Pantries, food banks, and summer SNAP child nutrition programs will have access to fresh, nutrient dense foods.

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.

Fresh local foods allow communities to select appropriate foods to meet the needs of everyone they serve.

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

Name: Michelle Dill

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.

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.

n/a

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.

n/a

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

Name: Michelle Dill

Title: Executive Director