**City of Boise**
**2022 Coronavirus Fiscal Recovery Grant Program**
**Application Package – Food Security Planning Grant**

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|  | ☐ Organization Type Verification (if applicable) |  |

*This checklist is not required to be completed or submitted and is for individual use and tracking purposes only. All items must be completed and submitted through the City of Boise's ZoomGrants site: https://www.zoomgrants.com/zgf/cityofboise/4138.*

## I. APPLICATION SUMMARY

| | |
|---|---|
| **Program Name**<br>*Enter the name of the proposed program. Be descriptive and interesting.* | |
| **Amount Requested**<br>*Enter the amount of planning grant funds requested. Use whole dollars only.* | $ |

### Application Information
*Enter the contact information for the person submitting the grant application.*

| | |
|---|---|
| **First Name** | |
| **Last Name** | |
| **Title** | |
| **Telephone** | |
| **Email** | |

### Organization Information
*Provide the following information for your organization.*

| | |
|---|---|
| **Organization Name** | |
| **Address** | |
| **City** | |
| **State/Province** | |
| **Zip/Postal Code** | |
| **Telephone** | |
| **Fax (optional)** | |
| **Website (optional)** | |
| **Federal Tax ID (EIN: Employer Identification Number, XX-XXXXXXX)** | |
| **Unique Entity Identifier (UEI)** | |

*Note: If you are unable to receive a UEI or SAM.gov registration by the application deadline, you may submit proof of registration and/or a pending status with SAM.gov in lieu of this requirement. Receipt of a UEI and registration completion with SAM.gov will still be required prior to award.*

### Chief Executive Officer/Executive Director
*Provide contact information for the person who is authorized to make official decisions for the organization.*

| | |
|---|---|
| **First Name** | |

| Last Name | |
|---|---|
| Title | |
| Telephone | |
| Email | |

## II.  APPLICATION QUESTIONS

ORGANIZATION TYPE

1.  **Applicant Organization Type: Select the appropriate organization type. Use the space after the associated checkbox to specify the IRS section (for non-profits) or describe an entity not listed.**
    *Instructions: Organizations must be incorporated to do business in Idaho and have a Federal Employer Identification Number/Federal Tax Identification Number (FEIN/FTIN).*

    ☐ Non-profit Organization
    ☐ For-Profit Company
    ☐ Other

ORGANIZATION BACKGROUND AND EXPERIENCE

2.  **Enter the applicant organization's formation date and date of incorporation (if applicable).**
    *Instructions: Enter the date and year of your organization's formation.*
    *(250 Character Limit)*

3.  **Provide a detailed description of the applicant organization.**
    *Instructions: Include the organization's mission and vision statement(s), number of employees, and any other relevant details.*
    *(5,000 Character Limit)*

4.  **Describe the applicant organization's experience administering federal grant funds. If the applicant organization has not received federal grant funds in the past, describe any relevant experience with non-federal grant funding.**
    *Instructions: Indicate source(s) of funding, amount(s) and year(s) received.*
    *(5,000 Character Limit)*

5.  **Describe the applicant organization's experience administering grants and/or federal Subaward Agreements.**
    *Instructions: Indicate source(s) of funding and amount(s). Be as detailed as possible.*
    *(5,000 Character Limit)*

6. **Describe the applicant organization's experience and expertise as it relates to food security initiatives, including administering food equity programming, providing direct food supply services, etc.**
*Instructions: Describe the organization's experience Include any relevant qualifications and professional experience of key staff that will be carrying out and/or overseeing program activities.*
*(5,000 Character Limit)*

PROGRAM DESCRIPTION

7. **Program Description**
*Instructions: Please provide a complete and detailed description of the anticipated program. Be as specific as possible.*
*(8,000 Character Limit)*

8. **What are the anticipated goals and objectives for this program?**
*Instructions: Provide a detailed description of this program's anticipated goals and objectives, including major milestones.*
*(5,000 Character Limit)*

9. **How will the program support local food organizations and/or farmers?**
*Instructions: Please explain how the program will ensure they can provide affordable, nutritious, culturally appropriate food for low-income individuals and families.*
*(5,000 Character Limit)*

10. **Describe the evidence-based practices that will be utilized for this program.**
*Instructions: Include any relevant evidence-based practice methodology and information.*
*(5,000 Character Limit)*

11. **Describe how the program is innovative in its approach. Is the program catalytic? If yes, please explain.**
*Instructions: Provide a detailed description of the program's innovative approach.*
*(5,000 Character Limit)*

STRATEGIC ACTION PLAN DEVELOPMENT

12. **What are the key deliverables for this planning grant?**
*Instructions: Provide a detailed description of key deliverables that support the previously outlined goals and objectives. At a minimum, the development of a strategic action plan and identification of "Spoke" entities is required.*
*(5,000 Character Limit)*

13. **How will the applicant organization identify "Spoke" entities for this program?**
*Instructions: Provide a detailed description of the process that will be engaged to identify community partners to serve as "Spoke" entities.*
*(5,000 Character Limit)*

14. **How will the applicant organization develop the strategic action plan for this program? What community partners and/or resources will be utilized?**
*Instructions: Provide a detailed description of the process that will be engaged to develop the required strategic action plan.*
*(5,000 Character Limit)*

15. **How will the applicant organization engage the community and incorporate feedback in these efforts?**
*Instructions: Provide a detailed description of the community engagement strategies that will be employed (i.e., surveys, community meetings, etc.)*
*(5,000 Character Limit)*

PRIORITY ACTIVITES

16. **What City of Boise priorities will the applicant organization incorporate in the strategic action plan as outlined in the Notice of Funding Opportunity?**
*Instructions: See program priorities outlined on pages 5-6 of the Notice of Funding Opportunity. Please select all that apply.*

   ❑ Supporting the local food economy
   ❑ Providing local produce and fresh foods, including dairy and meat, in food desert(s) in Boise as defined by the U.S. Department of Agriculture (USDA)
   ❑ Reducing food waste, promoting access to fresh produce, and reducing carbon emissions in food distribution channels
   ❑ Procuring equipment for famers' market(s) and/or local food hub(s) in a 2022 Qualified Census Tract (QCT) located within the city of Boise
   ❑ Developing mobile food markets that support impacted and/or disproportionately impacted communities
   ❑ Electrifying mobile food market vehicles
   ❑ Purchasing food storage equipment to extend the shelf life of perishable foods for local producers

PROGRAM MANAGEMENT AND TIMELINE

17. **Describe the proposed timeline for the planning phase of this program, including actionable milestones for each identified deliverable.**

*Instructions: Provide a detailed description of when the program's actionable milestones will be completed and any contingencies in place for timeline deviation.*
*(5,000 Character Limit)*

18. **What key personnel does the applicant organization have specifically assigned to the planning phase of this program to ensure that the program is completed according to plan and is able to meet all compliance standards?**
*Instructions: Include a detailed description of the roles and responsibilities of key personnel related to this program and how it will be properly managed.*
*(5,000 Character Limit)*

19. **How will the applicant organization ensure compliance with federal guidelines including, but not limited to, U.S. Department of the Treasury's Final Rule (31 CFR Part 35) and the Office of Management and Budget's (OMB) Uniform Guidance (2 CFR 200)? Will any additional staff be hired or contractors and/or consultants procured?**
*Instructions: Include a detailed description of how the applicant organization will ensure compliance with federal guidelines, such as processes and procedures,*
*(5,000 Character Limit)*

20. **If any contractors and/or consultants will be procured for this planning grant, please describe how the applicant organization will comply with federal procurement standards as outlined in 2 CFR § 200.317 - § 200.327.**
*Instructions: Include a detailed description of the roles and responsibilities of key personnel related to this program and how it will be properly managed.*
*(5,000 Character Limit)*

CAPACITY

21. **How will this program be sustained after the grant award?**
*Instructions: Describe how the program will continue after implementation is complete, including existing resources and infrastructure.*
*(5,000 Character Limit)*

ENVIRONMENTAL IMPACT

22. **How will this program identify actionable steps to reduce food waste and/or reduce carbon emissions in food distribution channels?**
*Instructions: Describe any relevant program activities and be as specific and detailed as possible.*
*(5,000 Character Limit)*

## III. REQUIRED TEMPLATES

### 19. Work Plan Template

In ZoomGrants site, please fill in applicable columns for each major task or activity necessary to complete all planning efforts. There is a limit of 10 entries for the Work Plan. Combine related tasks or activities as needed. Please see instructions below:

*Task/Activity*
*Enter the title of tasks and/or activities in the order they will be carried out.*

*Description*
*Include major milestones and deliverables necessary for completing the grant, including training, planning, accounting, contracting, reporting, monitoring, etc. Use quantifiable data wherever possible.*

*Timeline*
*Indicate the month(s) during which work will take place. Example: Oct-Dec 2022. Some tasks and/or activities may be labeled "continuous" or "on-going", such as administrative duties, etc.*

*Responsible Parties*
*Indicate who will be responsible for performing the work and supervising its completion. Include title and organization of responsible party.*

*Expected Outcome/Result*
*Describe what will result from completing the task and/or activity. Be specific in explaining the effect of the completed task and/or activity.*

| Task/Activity | Description | Timeframe | Responsible Parties | Expected Outcome/Result |
|---|---|---|---|---|
| *Ex: Strategic Action Plan Development* | *Ex: Develop strategic action plan based on community feedback* | *Ex: Jan 2023 - Jun 2023* | *Ex: Program Manager, Marketing Specialist* | *Ex: Clear strategies for implementing a strong, sustainable local food supply network for low-income individuals and families* |

| Ex: "Spoke" Entity Identification | Ex: Identify and select local organizations and/or farmers best qualified to serve as "Spoke" entities and implement project(s) | Ex: Apr 2023 - Jun 2023 | Ex: Program Manager, | Ex: Successful "Hub" and "Spoke" model coordination and program design |
|---|---|---|---|---|

## 20. Detailed Budget Template

In ZoomGrants site, please fill in applicable columns for each budget line item necessary for planning efforts according to the instructions provided below. There is a limited number of entries per budget category. Combine expenses as needed. Please see instructions below:

*Personnel*
*Use this cost category ONLY for employees of the applicant organization. If the organization does not have employees and uses independent contractors or volunteers, those expenses belong under the Contractual and Other categories respectively. Refer to the IRS website for definitions of "employee" versus "contractor."*

*Personnel expenses and match require specific record keeping for all employee activities, not just those charged to the grant. Refer to the requirements in OMB's Uniform Guidance (2 CFR 200) for more information.*

*Fringe Benefits*
*Enter the fringe benefits associated with each employee's allocated costs listed in the Personnel category. If the applicant organization does not track benefits separately from salaries/wages, these costs may be included in the cost under Personnel (i.e., salary/wage + benefits). Benefits are listed for employees of the organization, not contractors.*

*Travel*
*N/A*

*Equipment*
*N/A*

*Supplies*
*Supplies are defined as tangible property items that have per-unit acquisition costs of less than $5,000. Enter supplies and materials needed to complete the program (e.g., program computer, scanner, program software, paper, toner, educational materials, signs, brochures, etc.). Provide a breakdown of the unit costs and quantities to be purchased.*

*Contractual*
*Use the Contractual category for any services from companies, professionals, or individuals that are hired as independent contractors for the program (e.g., consultants, program specialists, CPA (Certified Public Accountant), etc.). Be sure to follow organizational procurement policies and adhere to OMB's Uniform Guidance (2 CFR 200) when hiring contractors. See "Important Definitions" below for additional information on contractor vs subrecipient vs beneficiary designations.*

*Other*
*Enter costs that do not fall within the scope of the above categories. For example, insurance, training registrations, etc. Any costs associated with second tier Subrecipients/Subaward Agreements should also be included here. See "Important Definitions" below for additional information on contractor vs subrecipient vs beneficiary designations.*

*Indirect*
*Indirect costs may be recovered in accordance with your organization's Negotiated Indirect Cost Rate Agreement (NICRA) or approved Cost Allocation Plan approved by your cognizant federal agency. In the absence of a current NICRA, elect to charge the 10% de minimis rate based on modified total direct costs (MTDC) as defined in OMB's Uniform Guidance (2 CFR 200) OR request to negotiate a NICRA with the City of Boise. If your organization chooses not to recover indirect costs associated with this program, your administrative and overhead expenses must be allocated as direct costs throughout your budget and this budget line item can be left blank.*

| Budget Category/ Line Item | Description | Hours/ Unit | Hourly Rate/ Per Unit Cost | Total |
|---|---|---|---|---|
| *Ex: Personnel/ Program Manager* | *Ex: Responsible for developing strategic action plan, etc. (8hrs/month x 6 months)* | *Ex: 48* | *Ex: $25* | *Ex: $1,200* |
| *Ex: Contractual/ Consultant(s)* | *Ex: Procurement of consultant to assist with program administration and advise on compliance with federal guidelines, including OMB's Uniform Guidance (2 CFR Part 200) the Treasury's Final Rule (31 CFR Part 35) (40hrs/month for 6 months)* | *Ex: 240* | *Ex: $150* | *Ex: $36,000* |

*Important Definitions*

A **Contractor** *is an entity that provides goods or services that are ancillary to the operation of a Federal program. They are not subject to the requirements placed on subrecipients in the Uniform Guidance, including the Single Audit Act or reporting requirements, though similar requirements may apply.*

A **Subrecipient** *is a non-Federal entity that receives a subaward agreement from a pass-through entity to carry out part of a Federal program but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency.*

### 21. Match Contributions Template

In ZoomGrants, complete the following table regarding outlining this program's match contributions as applicable.

| Name of Match Contributor (Entity or Individual) | Type of Match (Cash or In-Kind) | Description | Total Amount |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### IV. SUPPORTING DOCUMENTATION

### 22. Negotiated Indirect Cost Rate Agreement (NICRA) (If Applicable)

Attach a copy of your organization's Negotiated Indirect Cost Rate Agreement or Cost Allocation Plan (if applicable). See "Detailed Budget Template" instructions for more information.

### 23. Letters of Support (If Applicable)

Letters of support from community leaders and/or relevant neighborhood associations may be included. The letter must be on the organization's letterhead, include a printed name, signature, and date, and show support of the proposed program.

Example supporters could include:

- Relevant neighborhood associations
- Community-based organizations engaged in food security initiatives and/or food equity programming
- Local producers and/or distributers of foods sold
- Financial institutions or other non-federal organizations that will provide funds used as cost-share/match

### 24. Proof of SAM.gov Registration Status

Attach a copy of your organization's pending and/or active SAM.gov registration.

*Note: While a Unique Entity ID (UEI) number is a requirement for grant applications, the City of Boise recognizes that many organizations are experiencing delays with obtaining a UEI as well as SAM.gov registration due to high demand. To aid in the application process, you may upload a copy of your UEI application/entity registration request as "submitted" or "pending" under "Supporting Documentation" in ZoomGrants.*

### 25. Organization Type Verification (If Applicable)

Attach a copy of the applicant organization's proof of incorporation, 501(c)(3) determination letter, or other organization type documentation as necessary.