



Family Investment Administration (FIA)
 Bureau of Special Grants
 311 West Saratoga Street, Room 218
 Baltimore, Maryland 21201
 (410) 767-7412

FY 19 SNAEP Requested:\$ _____

**Statewide Nutrition Assistance Equipment Program (SNAEP)
 Fiscal Year 2018 Grant Application
 (July 1, 2018 - June 30, 2019)**

DEADLINE: Monday, May 14, 2018 at 4:00 P.M.

Instructions: Please carefully review the *Statewide Nutrition Assistance Equipment Program Information and Funding Guidelines- FY 19* document before completing this application. Applicants who do not follow the program guidelines and submit incomplete or inaccurate information will not be considered for an award. **If your organization seeks funding for multiple programs located in different counties, you must submit a separate application for each program.** If your application includes multiple programs located in one county, the application should identify the proposed location of the equipment purchase. **Applicants must provide documentation confirming the required 50% match of total cost for the proposed purchase (cash or in-kind donation) before the grant funds are disbursed.**

Section I-Provider Information			
Name of Program and Organization:			
Jurisdiction:			
Location of Equipment:			
EIN#:			
Program Street Address:			
City:	State:	Zip Code:	County/Baltimore City:
Mailing Address:			c/o
City:	State:	Zip Code:	County/Baltimore City:
Organization Director:	Direct Phone Number:		Email Address:
Program Director:	Direct Phone Number:		Email Address:

Primary Contact:	Direct Phone Number:	Email Address:	
Section II-Program Demographics			
Program Type (Enter yes or check the appropriate box for your program):			
<input type="checkbox"/> Shelter <input type="checkbox"/> Food Bank	<input type="checkbox"/> Senior Feeding <input type="checkbox"/> Residential Treatment	<input type="checkbox"/> Pantry <input type="checkbox"/> Other	<input type="checkbox"/> Soup Kitchen <input type="checkbox"/> Adult Daycare

Section III--Program Demographics and Grant Information
What are your days and hours of operation?
Please explain your program and the services provided and how long you have provided these services?
What communities does your program serve?
Where will your SNAEP equipment be located (address, etc)?

Section IV-Grant Use
Does your church or organization ever provide food or serve meals for which there is a cost to the individual or family? If so, how will you ensure that SNAEP grant funded equipment purchases are kept separate and utilized only to facilitate the provision of meals and/or groceries at no cost to individuals and families in need ?
How will your SNAEP equipment be secured against theft and misuse?

How will this new equipment enable your program to assist vulnerable/needy individuals in the community?

Section V- Financial Information and Program Resources

Use the following chart to document all grants, donations, fundraising and other funding for your program equipment in 2019. If there is not sufficient space below for your information, please include this information on a separate page.

Type	Supplier/Grantor (USDA, DHR)	Amount
Federal Government		
State Government		
Local Government		
Foundation and Private Grant		
Cash Donations and Fundraisers		
Other Funding		
Donated Food (Value)		
Total Resources for Program		

MATCH REQUIREMENT EXAMPLE: If program is requesting a \$1000 SNAEP Grant, required program match will be \$1000. Total cost to purchase equipment would be \$2,000.

Section VI - Expenses/Estimates

Type	Quantity	Cost	Other Expenses	Total Cost (Cost + Other Expenses)	Applicant Match (50%)	SNAEP Grant Request	Estimate(s) Included
Refrigerator							# of Estimates
Stove/Range/Oven							# of Estimates
Shelving/Storage							# of Estimates
Cookware/Utensils							# of Estimates
Other:							# of Estimates
Other:							# of Estimates
Total:							#of Estimates

Required # of Official Estimates (Per Item Type)

Total Cost	# of Estimates
\$1.00- \$5000	One Estimate
\$5001-\$15,000	Two Estimates
\$15,001 and over	Three Estimates

Before signing this Fiscal Year 2019 Statewide Nutrition Assistance Equipment Program application, I attest that the statements below are accurate.

Please select an option from the dropdown menu or check the corresponding boxes.

- Select one I have reviewed the *Statewide Nutrition Assistance Equipment Program Information and Funding Guidelines- FY 19* document before completing this application and have followed all instructions.
- Select one I have included the required number of estimates for the equipment I want to purchase using SNAEP funds.
- Select one I have provided documentation to certify my program's required 50% match.
- Select one I have included a recent (five years old or less) copy of my organization's 501 (c) (3) tax-exempt nonprofit organization designation form issued by the U.S. Internal Revenue Service. If my program/organization is designated as a subordinate in a group 501 (c) (3) ruling provided to my parent organization, I have included a signed official statement from the parent organization verifying my program/organization's inclusion in this ruling.
- Select one I understand that I may be asked to verify the information provided in this application during an unannounced or scheduled site visit conducted by a Bureau of Special Grants staff member during Fiscal Year 2019.
- Select one By accepting SNAEP funding, I agree to submit receipts by the date listed in my FY 19 SNAEP award notification letter.
- Select one I have made a copy of my SNAEP application packet for my files.
- Select one I will submit my application, via the postal service of my choice, by email or in person, to the SNAEP Program Administrator no later than 4:00 p.m. on Monday, May 2019 I understand that late submissions will not be accepted. If sending by mail, I will address my application to :

Statewide Nutrition Assistance Equipment Program (SNAEP)
Bureau of Special Grants - FIA
Department of Human Resources
311 W. Saratoga Street, Room 218
Baltimore, Maryland 21201

Emailed applications should be sent to BureauOf.SpecialGrants@maryland.gov

Section VIII – Provider Statement

I certify that the information provided above is accurate and correct. I understand that failure to provide an accurate representation of my program and/or the requested supplemental documentation may result in significant penalties, up to and including removal of my organization from consideration for SNAEP funding.

Name of Program Director

Date

For DHR Use Only

Date Stamp:

FIA/BSG Reviewer:

Date:
