	Family Investment Administration (FIA) **Office of Nutrition Assistance Programs** **Bureau of Special Grants** **311 West Saratoga Street** **Baltimore, Maryland 21201**

Maryland Emergency Food Program (MEFP)
Fiscal Year 2025 Grant Application
(August 1, 2024 - June 30, 2025)
Application Deadline: Friday, April 30, 2024 at 5:00 P.M.

MEFP FY 25 Requested: $ _____

Instructions: Please carefully review the *Fiscal Year 2025 Maryland Emergency Food Program (MEFP) Grant Guidelines* document before completing this application. Inability to adhere to the MEFP Grant Guidelines and submissions of incomplete or inaccurate information will impact eligibility for future Grant funding. Serious compliance issues may result in the requirement that all funds be returned to the Department of Human Services (DHS). If your organization seeks funding for multiple locations/counties, it is no longer required that an organization administering more than one food distribution program in a jurisdiction apply separately for each site or food program. The umbrella organization and fiduciary agent may submit one application for a grant that will be used to purchase food for all of their food programs in that jurisdiction. In the single application, all organizations utilizing MEFP funds for food should be identified by location, program type and population served.

Section I - Provider Information			
Organization Name:			
Federal EIN/Tax ID number:			
Jurisdiction (County or Baltimore City):			
Food Program Address:			
City:	**State:**	**Zip Code:**	**Jurisdiction:**
Mailing Address:			

City:	State:	Zip Code:	Jurisdiction:
Organization CEO:	Direct Phone Number:		Email Address:
Primary Point of Contact for MEFP:	Direct Phone Number:		Email Address:

Section II - Program Demographic

Program Type (choose one or more):

o **Pantry**	o **Soup Kitchen**	o **Shelter**	o **Senior Feeding**
o **Food Bank**	o **Residential Treatment**	o **Other**	

Has your organization received a MEFP grant in the last 3 years?
No
Yes If yes, what is the most recent year_____and the amount $_____

How long has your organization operated a feeding program?

What are your days of operation and service hours?

Section II - Program Demographic and Eligibility Information (Part II). Please use complete sentences and include descriptions where requested. Use additional pages if needed.

Please describe your outreach efforts to the public. How do you promote services available to people in your service area?

Do you have visible signage, which will direct visitors to your service entrance? Please describe:

Are your days and hours of operation included on the signage?

Section II - Program Demographic and Eligibility Information (Part II). Please use complete sentences and include descriptions where requested. Use additional pages if needed. *(continued)*

Are there eligibility requirements for those who request food? If so, please describe.

What record-keeping system or process is used to track "units of service" (meals served or bags of food distributed)? If bags of food are provided, what process is used to determine what items are included in each bag? What process is used to determine how many bags an individual or family should receive?

If your agency is a current MEFP Grant recipient:

Use the following chart to document how MEFP funds were used to serve specific populations from July 1, 2023 - June 30, 2024. Recognizing that the current grant period is still underway, please include actual numbers for July 2023 - February 2024 and estimate totals for March - June 2024, based on average monthly numbers.

If MEFP funds were not received during this period, please document how those populations were served by your food program (do not include other services such as clothing, employment or tax preparation).

Population Type (FY 2024) - use N/A if you do not record disabled, unemployed, Vets and/or homeless.					
Groups	**Total # Served**	**Disabled**	**Unemployed**	**Veterans**	**Homeless**
Adults (18+)					
Children (0-17)					

As instructed above, please include actual numbers for July - February and estimate totals for March -June

Units of Service Provided	Average Monthly Distribution	Total distributed July 1, 2023 - June 30, 2024
Meals		
Bags of Food		

Section II - Program Demographic and Eligibility Information (Part II). Please use complete sentences and include descriptions where requested. Use additional pages if needed. *(continued)*

Food Pantry: average monthly expenditure for groceries $ _____

Please estimate the number of meals in each bag, as accurately as possible_____

Soup Kitchen or Shelter: average monthly expenditure for meals provided $_____

Section III - Financial Information and Program Resources		

Use the following chart to list current budget information for your food program. Please use the space allotted to document all grants, donations, fundraising, and other funding. Only list MEFP if you received funds during the current State Fiscal Year.

Type	Name of Grantor (s)	Amount ($)
Federal		
State		
Local (County, City)		
Foundation and Private Grants		
Cash Donations and Fundraising		
Other Funding, if any		
Donated Food (approximate monetary value)		
Total Resources for Food Program: $		**$**
Section IV - Projected Fiscal Year 2025 Program Data and Award Request		

Use the following chart to describe what populations will be served by your food program with any funds received as a MEFP FY25 Grant. As noted in the FY25 Guidelines, Grant awards must equal or exceed $2,000.

Population Type (FY 25) - use N/A if you do not record disabled, unemployed, Vets and/or homeless					
Groups	Total # Served	Disabled	Unemployed	Veterans	Homeless
Adults (18+)					
Children (0-17)					

Units of Service	Projected Monthly Distribution	Total FY25 (7/1/2024 - 6/30/2025)
Meals		
Bags of Food		

Section IV - Projected Fiscal Year 2025 Program Data and Award Request *(continued)*

FY25 MEFP GRANT REQUEST: $_____

If granted, how will these funds be used? Please provide details of the need for MEFP funds. If your organization is requesting an increase, please explain the reason for the increase. If additional services will be provided, what additional services will you provide with the increase in funding?

Please describe the organizational structure (you may include an organizational chart if your submission)

Section IV - Projected Fiscal Year 2025 Program Data and Award Request (*continued*)

Provide the name and contact information of the person responsible for maintaining data and submitting quarterly reports to DHS/MEFP:

Please provide the name(s) and contact information of the person(s) from your organization who have the authority to purchase food with MEFP funds?

Section V - Accessibility and Inclusionary Practices Information

How does your facility comply with the Americans with Disabilities Act (ADA) requirements on accessibility for handicapped individuals? Please provide details or explain exemption from ADA.

Has any ADA or licensing-related complaint been filed against your program since July 1, 2022? If so, please explain:

Section V - Accessibility and Inclusionary Practices Information *(continued)*

Please describe how your organization will meet MEFP requirements to disseminate information regarding Maryland's Earned Income Tax Credit (EITC):

Please describe how your organization will meet MEFP requirements to refer customers to employment and training programs to help participating households achieve self-sufficiency (i.e. do you provide these services internally? Will you be referring customers to other entities in your areas?:

Section VI - Storage and Safety Practices (Part I)

Explain your food storage procedures for your perishable and non-perishable MEFP food; including methods for separating MEFP-funded food and adherence to state/federal storage protocols.

What is your procedure for identifying and discarding expired, damaged or otherwise inedible food?

Are you able to purchase food that is produced, grown and harvested in the State; for example, from one or more of the following: stores that sell "locally grown" or "locally produced" produce or meats; Capital Area Food Bank or Maryland Food Bank; "gleaning" organizations such as Community Food Rescue, Hungry Harvest, or Gather Baltimore; and/or local Farmers Markets? Please provide details:

Section VI - Storage and Safety Practices (Part I)) *(continued)*

How will your MEFP food be secured against theft or misuse?

Section VI - Storage and Safety Practices (Part II)

Who is responsible for the maintenance and cleaning of your facility (including food distribution area, kitchen used for meal preparation and storage area for MEFP food) and documentation of these treatments?

If you prepare and serve meals, has the kitchen staff been ServSafe Certified? Please describe the food safety protocols that are in place to prevent food contamination and adhere to federal and/or Maryland Department of Health food service regulations? Please include the effective date and issuing body for your food service license and ServSafe certification.

Section VI - Storage and Safety Practices (Part II) *(continued)*

How does staff handle unpackaged food prior to disbursement or meal preparation?

Explain your procedures for preventing rodent/pest problems and provide the name of the professional exterminator that you use?

Section VII - Check List and Verification of Accuracy
Before signing this Fiscal Year 2025 Maryland Emergency Food Program application, please read each line and attest that the following statements are accurate:

- I have reviewed the Maryland Emergency Food Program FY25 Guidelines document prior to completing this application. I have understood and followed all instructions provided therein.

- I have included a recent (five years or less) copy of my organization's tax-exempt designation issued by the U.S. Internal Revenue Service. If my program/organization is designated as a subordinate in a group tax-exemption status ruling provided to my parent organization, I have included a signed official statement from my parent organization verifying my program/organization's inclusion in this ruling.

- If I am a new applicant or **have not received MEFP funding since State Fiscal Year 2021 (July 1, 2020 - June 30, 2021)**, I have included a W-9 for the applicant organization and two letters of support from outside organizations (check MEFP Guidelines for requirements).

- I have listed my MEFP grant award request on page 1 and page 3 of this application as $_ and am aware that grants below $2,000 will not be considered.

- I have made photocopies of my MEFP application packet for my files.

- I understand that I will 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 prior to or during Fiscal Year 2025.

- By accepting MEFP funding, I agree to submit quarterly reports, including all of the following: Quarterly Activity Report form, with units of service provided; Receipt Documentation log, with receipts reflecting MEFP eligible purchases only; and proof of payment of those receipts. **I also understand that failure to submit these reports, submitting illegible or inaccurate original receipts or any other MEFP funding mismanagement may require me to return my MEFP grant money and disqualify my program/organization for subsequent funding through MEFP.**

- I have arranged to submit my completed application by April 30, 2024 at 5:00PM. I understand that late submissions will not be accepted. Electronic Applications may be submitted electronically using this link

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 from my organization from consideration for MEFP funding.

_____   _____
Signature of Program Director   Date

_____
Printed Name of Program Director

For DHS Use Only

Date Stamp:	FIA Reviewer:
	_____
	Date: _____