

APPLICATION PACKET

STATE FOOD PURCHASE PROGRAM

Mifflin County

FISCAL YEAR 2010-11

**State Food Purchase Program
Fiscal Year 2010-11**

Application for Funds Cover Sheet

Applicant Agency: _____

Amount of Request:

Total Request _____
CPFBS % _____
Local Buy % _____
Grocery store vouchers % _____

Type of Emergency Food Distribution Program:

Food Pantry Soup Kitchen Shelter

Program Name: _____

Agency Address: _____

Agency Director: _____

Agency Telephone: _____ **Agency Email:** _____
(if available)

In signing this form, the authorized person commits the agency and/or organization to be bound by each of the following points:

- Agency/Organization operates emergency food distribution program in Mifflin County
- USDA civil rights guidelines are posted on site and practiced by the sponsoring organization
- Funds awarded will be used to purchase food or vouchers to be used 100% for organization's emergency food distribution program
- Organization is responsible for operation, maintenance and care of equipment

Name of Authorized Person / Program Director

Signature of Authorized Person/Director

Date:

Office Use Only

Date of Receipt: _____

Date of Review: _____

Copy to DHS: _____

APPLICATION

Please use the following guidance as you write your request for consideration for funds under the State Food Purchase Program FY 2010-11. Complete the application and submit one original and 22 copies to: Mifflin Juniata Human Services Dept. 20 N. Wayne St. Lewistown, PA 17044 Attn: SFPP **APPLICATIONS MUST BE RECEIVED IN THE HS OFFICE BY NO LATER THAN 4PM ON Monday, May 17, 2010. Incomplete or late proposals will not be processed or returned.**

COVER SHEET

Please complete the Application Cover Sheet in its entirety. The responsible person for the program (Director/Administrator) must sign in acknowledgement of compliance with program criteria and guidelines.

PLEASE PROVIDE THE FOLLOWING INFORMATION (Submitted on program/organization letterhead)

A. Program Description

Please describe your emergency food distribution program. Include the location of the program (if different from coversheet address), your hours of operation, the number of households and/or individuals that you serve, volunteer support, paid staff, etc. Please also include information about your collaborative partnerships in the community. Describe how you plan to coordinate services with other funded agencies (SFPP recipients must assure there is NO duplication of customers).

Please describe your program's source(s) of income. Include community support, grant support, fundraising activities, etc.

B. Statement of Need

Specifically outline your program's financial needs, including how receipt of these special funds will enhance or provide the opportunity to expand services provided by your emergency food distribution program.

C. Statement of Program Sustainability

If funding from the SFPP were not available, what measures would your program implement in an effort to continue and sustain your emergency food distribution efforts.

ATTACHMENTS (only one copy of these is needed. Include with original)

- A. A copy of your agency's 501(c)(3) IRS designation letter
- B. Minimum of 3 letters of support from constituents or community partners
- C. List of organization's governing body including name, address, and phone numbers
- D. If available, please provide any brochures, pamphlets, or additional information about your program.