

Food Bank Partner Agency Information

Partner Agency Name: _____

Street Address: _____

City: _____ Zipcode: _____

Contact Name: _____

Email Address: _____ Phone: _____

Describe your service area and population:

Are you willing to serve more people? Yes No

If yes, describe your equipment and supplies needs to increase your service and distribution:
(Grant funds are not available for operating or staffing costs)

What is the estimated cost of your needs described above? \$_____

Please provide any detail or breakdown for the estimated cost *(use the attached form to list equipment)*:

As any other stimulus funding been received, or do you anticipate including any additional funding?

Yes No

If yes, how much? \$ _____

Provide the names of the source(s) of the funding:

Describe the purpose and use(s) of the other funding:

(CDBG-CV funds shall not be used to create a duplication of benefits, which occurs when an entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance.)

Partner Agency Name: _____

Equipment	Quantity	Estimated Unit Cost
Refrigerator – residential		
Refrigerator – commercial		
Freezer – residential		
Freezer – commercial		
Shelving Unit		
Passive cooling – freezer blankets		
Passive cooling – large coolers		
Refrigerated truck		
Delivery vehicle (truck/van)		
Covered Trailer		
Kitchen equipment – prep table		
Kitchen equipment – residential oven		
Kitchen equipment – commercial oven		
Other: _____		
Other: _____		
Other: _____		
Other: _____		
Total (Quantity x Unit Cost):		