

Grant Amount Requested: \$ 5,000



Date and Time Stamp  
**Received**  
**FEB 07 2020** 1:47 PM  
KMB  
Grants Administration (Do Not Write in This Box)

**2019-2020 PUBLIC SERVICE GRANT APPLICATION**

Organization Legal Name: Treasure Coast Food Bank, Inc.

Mailing Address: 401 Angle Road, Fort Pierce, FL 34947

Physical Address: 401 Angle Road, Fort Pierce, FL 34947

Contact Person: Krista Garofalo Title: Chief Resource Officer

BEST CONTACT Phone Number: 772-446-1756 Email Address: kgarofalo@tcfoodbank.org

Website Address: stop hunger.org

**LEGAL STATUS OF ORGANIZATION:**

( ) Incorporated, Not-for-Profit - Month and Year of incorporation/creation: February 1989

INCLUDE COPY OF CURRENT 501(c)(3) DOCUMENTATION FROM INTERNAL REVENUE SERVICE.

**Person Authorized to Sign on Behalf of this Organization. Signature Must Be Notarized.**

Krista Garofalo Signature Today's Date: 2/6/2020

Print Name: Krista Garofalo Title: Chief Resource Officer

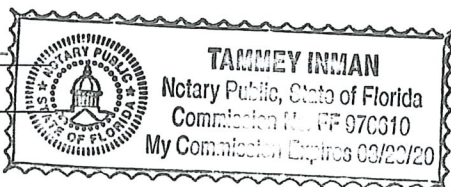
Telephone Number: 772-446-1756 Email Address: kgarofalo@tcfoodbank.org

**NOTARY STATE OF FLORIDA, COUNTY OF ST. LUCIE**

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgements, personally appeared Krista Garofalo, who is personally known to me or produced \_\_\_\_\_, as identification, and acknowledged he/she executed the forgoing Agreement for the use and purposes mentioned in it and that the instrument is his/her act and deed.

IN WITNESS OF THE FORGOING, I have set my hand and official seal in the State and County aforesaid in this 07th day of February, 2020.

NOTARY PUBLIC Tammy Inman  
My Commission Expires: 3/29/2020



**PLEASE SUBMIT AN ORIGINAL APPLICATION AND 7 COPIES**  
Attach additional pages, as necessary.



## 2019-2020 Public Service Grant Opportunity

### III. **APPLICATION CHECKLIST**

Use this checklist to ensure you have included key information with your application. Be sure to enclose this checklist with your application.

- Applicants who have received previous program/project funding must ensure that THIS APPLICATION IS FOR A NEW OR EXPANDED PUBLIC SERVICE PROJECT.
- 2019-2020 Grant Guidelines and Application **HAVE BEEN CAREFULLY AND THOROUGHLY READ.**
- Application is dated.
- Mandatory application format and preparation have been followed.
- Person(s) listed as the "Contact Person" is knowledgeable about the project and application and is aware that they are listed as the contact person.
- Reliable telephone numbers and email addresses are listed.
- Application contains the correct mailing address, which also matches the address listed on the Internal Revenue Service 501(c)(3) documentation.
- Funding request has been rounded to the nearest dollar.
- Program/Project description includes the following information:
  - Person(s) who will implement the program/project?
  - Description of program/project, as well as a description and the number of people it will benefit
  - Project/program start and end dates
  - Location of project/program and location where activities will take place
  - How the program/project will address a community need
- Detailed budget and all required budget information, as listed in application
- Program/project goals and objectives contain dates, time frames and measurable numbers
- Specific locations are listed for program/project activity sites
- All documentation listed on page 18 is provided with the application
- The application is signed by the person authorized to enter into binding contracts on behalf of the organization.
- Application is **Notarized.**
- Submission of application includes **1 Original and 7 additional copies.**
- Application packet **DOES NOT** include **ANY** staples or binding (paper clips or rubber bands are allowed).
- Application **MUST BE** submitted NO LATER THAN 3:00PM ON – February 7, 2020.



2019-2020 PUBLIC SERVICE GRANT APPLICATION

PLEASE PRINT NEATLY OR TYPE YOUR ANSWERS TO THE QUESTIONS IN THIS APPLICATION.

- 1. Describe your organization and list your Mission Statement.

Treasure Coast Food Bank is the leading hunger relief organization along Florida's Treasure Coast and the sole food bank in the region. Treasure Coast Food Bank is a member of Feeding America, the largest domestic hunger-relief charity in the United States.

Our Mission Statement is to alleviate hunger by obtaining and distributing food and other essentials in Indian River, Martin, St. Lucie, and Okeechobee Counties.

- 2. Describe your organization's history and prior experience, including a description of programs/projects similar to the one you are applying for in this application.

Treasure Coast Food Bank (TCFB) has been committed to ending hunger in St. Lucie, Martin, Indian River & Okeechobee counties since its founding in 1988. TCFB continues to adapt its approaches to addressing hunger and the unique needs of the community by ensuring equitable access through direct food services programs, running innovative grassroots initiatives, working collaboratively across multiple sectors, educating the public about the struggles people in our communities face, and advocating on behalf of those in need. Each year, TCFB serves more than 100,000 members of the community with 14 million meals valued at more than \$50 million. TCFB does this through 20+ direct service and outreach programs, and a robust network of partnerships with farmers, manufacturers, retail stores, and 300+ charitable organizations across its four county service region. Together we support children, seniors and families who are struggling with hunger. Descriptions of these programs can be found at www.stophunger.org/our-programs/.

- 3. List all previous grants awarded by the City of Fort Pierce to YOU or any organization(s) you were previously or are currently associated with. If None, write N/A below:

Table with 3 columns: Program Year, Amount, Purpose. Rows for 2018-19 (\$5,000), 2017-18 (\$0), 2016-17 (\$4,000).

Please Note: Organizations/Applicants who have received funding for three consecutive years may be deferred in order to provide funding for newer activities.

- 4. If you have received funding from the City of Fort Pierce for Public Service projects in the past, please explain HOW the program/project described in this grant application is NEW OR EXPANDED:

TCFB's 2020 Summer Feeding Program is projected to serve the most children at the most sites in the program's history. TCFB program staff are working diligently to secure additional summer feeding sites across the Treasure Coast, including the addition of 3-4 new sites in the City of Fort Pierce (which once onboarded will equate to a total of 21-22 total sites for the summer). Through its program offerings in Fort Pierce nearly 1250 unduplicated children will be served EACH DAY throughout the summer break. Additionally, TCFB's Food Production Kitchen will serve as the help of all meal preparation and distribution operations during the course of the summer. With the Food Production Facility in a fully operational state, and fully equipped, the organization's capacity to prepare high-quality meals for children and teens is significantly enhanced compared to years' past. The menu each week will also rotate, to ensure well-rounded, highly nutritious and delicious meals for the youth participating in the program. Many of the meal sites will also be offering activities for the children that promotes wellness and increased nutritional knowledge.

- 5. What is your organization's annual budget? Describe how your organization is currently funded.

TCFB's organizational budget for FYE6/30/2020 is \$4,552,625

97% of all resources received by the organization are allocated directly to program services. We receive funding from a diverse pool of resources, including private individuals, foundations, corporations, program income, United Way, Children's Services Council, and government (federal, state, county and municipal) entities.

- 6. Do the City of Fort Pierce and/other local organizations in Fort Pierce provide services similar to your agency? If you answered Yes, how do your services compliment their offerings? If yes, explain. How are your services different?

TCFB is the largest hunger relief organization and onl food bank on Florida's Treasure Coast (and subsequently Fort Pierce). No other organizations in the region feature the capacity or bandwidth to safely procure, store, and share millions of nutritious meals (especially those that include fresh produce) with low-income children, families and seniors in Fort Pierce (and beyond).

TCFB works collaboratively with approximately 300 partner agencies including pantries, soup kitchens, homeless shelters, senior housing, youth development organizations, low-income day care centers, libraries and other community partners to distribute more than 10 million pounds of healthy foods each year. It should be noted that TCFB also provides individuals and families with non-food essentials (diapers, personal hygiene items, pet food, school supplies) throughout the year.

- 7. Project Name (please keep it short): Treasure Coast Food Bank Summer Feeding Program



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Department of Housing and Urban Development (HUD) 2019 Income Limits								
Number of People Living in Household	1	2	3	4	5	6	7	8
Extremely Low Income	13,550	16,910	21,330	25,750	30,170	34,590	39,010	42,550
Very Low Income	22,550	25,800	29,000	32,200	34,800	37,400	39,950	42,550
Low Income	36,050	41,200	46,350	51,500	55,650	59,750	63,900	68,000

8. U.S. Dept. of Housing & Urban Development (HUD) National Objective Activities: (check one)
- Area benefit** activity (the activity benefits/is open to everyone in a particular low-income neighborhood or geography)
  - Limited Clientele** activity (particular individuals or households receive a benefit, and the majority of them qualify as low income)
  - Presumed Benefit** activity (the activity benefits a group of individuals presumed by HUD to qualify for a benefit: battered spouses, homeless, elderly, severely disabled adults, abused children, illiterate adults, persons with HIV/AIDS, or migrant farm workers)

9. Which National Objective(s) shown below does your project/program(s) meet?
- Benefit low to moderate-income persons.
  - Help in the prevention of slums or blight; and/or
  - Meet other community needs having a particular urgency because other financial resources are not available to meet such needs.

10. Beneficiaries from National Objective Activities (#8 Above)

- A. Who are the intended beneficiaries of this program/project? Describe how the project will ensure that the intended beneficiaries are being served and the target population will be reached, including how beneficiaries are identified, and any outreach performed:
- TCFB's Summer Feeding Program beneficiaries are low-income children and teens (up to age 18) in the City of Fort Pierce. By federal law, and as a standard among federal nutrition programs, we cannot ask for identification or proof of income. Thus, the need for Summer Food services is self-declared, but it has long been our experience that only those truly in need, utilize the services. TCFB promotes the program through social media, targeted ads, flyers, traditional media (radio, newspaper, TV), and our website.
- B. If the project will provide an **"Area Benefit"**, please clearly define the geographic area to be served by the proposed activity. Include a map, if necessary.

N/A

- C. If the project will benefit **"Limited Clientele"**, list the approximate number and percentage of total persons assisted through this project/program who will be Low to Moderate Income (LMI) and how their income level will be determined.

N/A



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D. If a project will provide a “Presumed Benefit”, please identify the group(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Abused Children               | <input type="checkbox"/> Illiterate Adults                |
| <input type="checkbox"/> Lower Income Senior Citizens  | <input type="checkbox"/> Migrant Farm Workers             |
| <input type="checkbox"/> Elderly                       | <input type="checkbox"/> Persons with HIV/AIDS            |
| <input type="checkbox"/> Homeless                      | <input type="checkbox"/> Severely Disabled Adults         |
| <input checked="" type="checkbox"/> Lower Income Youth | <input type="checkbox"/> Severely Disabled Children/Youth |
| <input type="checkbox"/> Other _____                   |   |

11. Describe the existing problems or needs to be addressed by this program/project.

See attached document for response

12. Describe your proposed project’s activities and how they will address the problems/needs you listed in #11 above.

See attached document for response

13. List the physical addresses where your proposed project activities (listed in #12 above) will take place. Use street addresses within the City limits of Fort Pierce.

See attached document for response

14. List this project’s measurable goals and objectives, as well as the date(s) when each will be met.

- 1) By August 7, 2020, increase the number of meals distributed to youth accessing Summer Feed sites in the City of Fort Pierce by ten percent compared to number of meals distributed in the prior year (2019)
- 2) By August 7, 2020 increase the number of youth served at Summer Feed sites in the City of Fort Pierce by 12% compared to the number of children served in the prior year (2019)

15. How will you track the results of these goals and objectives? (This information will be required with your monthly status reports.)

Treasure Coast Food Bank receives daily, weekly, and monthly meal count reports for each of its Summer Feeding sites which includes total number of snacks, breakfasts, and/or lunches consumed at each site for the entirety of the program duration.

16. Briefly describe measurements of outcomes for each of the activities listed in #12. (Examples - number of unduplicated low/moderate income youth served, number of unduplicated senior citizens served, number of unduplicated Veterans served, number of unduplicated adults served, etc.)

Outcomes measured will include the exact number of meals Treasure Coast Food Bank distributes to City of Fort Pierce Summer Feeding Program sites as well as the number of City of Fort Pierce youth served during the program period of June 3-August 7, 2020.



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17. Amount of Grant Funds requested in this application:	<u>\$5,000</u>
Amount of other funds secured for this program/project:	<u>\$254,303</u>
Amount of other funds earmarked for the program/project:	<u>\$ 94,057</u>
Total amount needed to complete this program/project:	<u>\$348,360</u>

Summer Feeding is a federal program, and TCFB is only partially reimbursed for meals consumed through the program. Reimbursement does not cover all expenses of the meal, including program costs such as fuel, monitoring, admin, etc. I.e. 73% of total program cost is reimbursable.

18. Describe your contingency plan in the event this grant request is not fully funded, or not funded at all by the City of Fort Pierce:

In the event this funding request is partially funded or not funded at all, Treasure Coast Food Bank will likely have to adjust (decrease) the number of snacks, breakfasts, and meals served in Fort Pierce through its Summer Feeding Program.

19. If this is a multi-year project, how will you continue to implement this project if City grant funds are not available in future years?

Treasure Coast Food Bank's Summer Feeding Program is an annual program that takes place each summer. If City of Fort Pierce grant funds are not available in future years, we will have to adjust the nature of our outreach efforts in recruiting Summer Feeding sites within the City of Fort Pierce. More specifically, we may not be as aggressive in recruiting additional sites that may want to participate in the program.

20. Select every qualifier below that best describes your project.

- Improve or enhance education opportunities
- Improve or enhance job training opportunities
- Improve or enhance employment opportunities
- Promote cultural diversity
- Promote outdoor activities and a healthy lifestyle
- Spur interest and participation in neighborhood improvement activities
- Encourage citizen involvement and leverage resources to revitalize low and moderate-income neighborhoods
- Encourage partnerships between City Hall, residents and other community organizations that will result in projects and activities that benefit a community
- Instill and foster community pride
- Promote neighborhood beautification and revitalization
- Promote activities that protect the environment
- Discourage adverse activity such as crime, drug use, and vandalism
- Inspire and support the healthy development of youth



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21. Write an explanation below of **how** your project will perform **each** qualifier you selected above:

See attached document for response

22. Date project to begin: June 3, 2020  
Date project to be completed: August 7, 2020

23. Describe any participant fees that will be required as part of this project/program. Please see "New for Program Year 2019-2020" on Page 4 of the Grant Guidance.

Summer Feeding Program is free to all youth participants.

24. Applicants must demonstrate that the selection of participants is an objective process and Grant Recipient may not limit participation on the basis of race, gender, nationality, ethnicity, religion, creed, or disability. How will your project comply with this expectation?

See attached document for response

25. If this project is sponsored by a church or religious group, participation may **not** be limited to members of the church. What efforts will you make to ensure that the community at-large is aware of this project and the opportunity for participation?

This project is not faith-based and therefore is open to the community at-large.



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26. Provide a COMPLETE, detailed budget for **THIS** project in the budget chart below. List proposed City grant funds and other committed funds and 'in-kind contributions', donated professional services, fees and other resources that will be used to complete the project. List a detailed breakdown of individual items. Use specific descriptions, not broad categories. Remember, committed funds and/or in-kind services must equal at least 25% of your grant request.

Be sure to include verification documentation of all funds listed below as 'Committed' or 'In-Kind'. Commitments listed in the budget below that lack documentation **will not be counted as commitments**.

**NOTE: Volunteer Hours may be calculated at \$12/hour.**

- **Please provide at least one (1) quote for each item listed that you will purchase with this grant award** in the above Budget under 'Expense/Description'. Each quote should list vendor/company with contact information.

Program/Project Expense/Description	City Grant	Other Committed Funds and/or \$\$ Amount or In-Kind	Source of Other Committed Funds or In-Kind Services (Please provide written verification of <u>Every</u> in-kind service listed here from the "Source")
Administrative Personnel, including finance, compliance, and outreach expenses	\$0	\$38,074	USDA's Summer Food Service Program, grants, individual donations
Operational Personnel, including Executive Chef, food prep specialists, drivers, site monitors, warehouse clerk	\$0	\$65,936	USDA's Summer Food Service Program, grants, individual donations
Operational Costs, including food, food supplies, utility costs, meal tracker software	\$5,000	\$239,350	USDA's Summer Food Service Program, grants, individual donations
<b>TOTALS</b>	\$ 5,000	\$ 343,360	
(use more lines/pages as necessary)			



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27. Organization Staff and Volunteers

Please complete the information listed below for **each person** in your organization who will work on **THIS** project and the percentage of time they will dedicate to the project, including **all** volunteers.

Name #1 **Homer Gutierrez**  
Telephone Number 772.489.3034  
Email Address hgutierrez@tcfoodbank.org  
Organization Position Senior Director of Program Service  
City of Residence Port St. Lucie, Florida  
Qualifications Four years managing Summer Feeding program  
Professional Licenses N/A  
Role in Project Project Manager  
% of Time Dedicated to Project 80%

Additional Staff:  
Elisha Jade Alexander  
772.489.3032  
ealexander@tcfoodbank.org  
Program Coordinator  
Ft. Pierce, FL  
2 years coordinating Summer Feeding program  
N/A  
Will help implement day to day operations &  
program monitoring  
50% of time dedicated to project

Name #2 **Daniel Leavy**  
Telephone Number 772.489.3034  
Email Address dleavy@tcfoodbank.org  
Organization Position Director-Culinary Service/Executive Chef  
City of Residence Palm Beach Gardens, Florida  
Qualifications High school teacher and college instructor, Executive Chef  
Professional Licenses ServSafe  
Role in Project Production Kitchen Supervisor  
% of Time Dedicated to Project 50%

28. Please attach **ALL** of the documents listed below to your application. Include a written explanation for EACH document not included:

- Articles of Incorporation and By-Laws
- State and Federal Tax-Exempt determination letter
- Employee Identification Number
- List of Board of Directors with contact information
- Organizational Chart for your Organization
- Board of Director's authorization to apply for this grant
- Last three month's bank statements
- Annual budgets for 2019-2020
- Most recent audit report (if this is not available, provide written explanation)
- Matching funds and In-Kind Services commitment documentation (Budget, #26)
- Three (3) Letters of Support for this project
- Newspaper articles, and Thank-You letters, etc., as available, for your organization's work within the City of Fort Pierce.

**END OF 2019-2020 PUBLIC SERVICE GRANT APPLICATION**