



**Partner Agency Capacity Building Initiative
2025 Grant Application**

Agency Information

Organization Name: _____

Address: _____

City / State / Zip: _____

Agency ID# (this can be found on your monthly statement) _____

Executive Director/Pantry Manager

Name: _____

Title: _____

Email: _____ Telephone Number _____

Signature: _____

Contact for Partner Agency Grant (if different from above)

Name: _____

Title: _____

Email: _____ Telephone Number: _____

Signature: _____

Property / Site Ownership Status: Check (1) one

Own

Lease / Rent

Other (please describe below)

Service Hours & Accessibility

Typical Days/Hours of Operation:

- Monday: ___ to ___
- Tuesday: ___ to ___
- Wednesday: ___ to ___
- Thursday: ___ to ___
- Friday: ___ to ___
- Saturday: ___ to ___
- Sunday: ___ to ___
- Additional Details: _____

Program Participation

Which programs does your agency participate in? (Check all that apply)

- Golden Groceries
- CSFP/SNWP
- RX Program
- TEFAP
- Retail Rescue
- Other: _____

Capacity & Facilities

Cold Storage / Equipment Capacity

- Freezer Space
Number of Units: _____
- Refrigeration Space
Number of Units: _____
- Dry storage capacity:
(square feet) _____
or Number of Shelving Units: _____

Client Choice Model

Do you offer client-choice distribution? Yes No

If yes, indicate the level of choice:

- Full choice (clients select all items)
- Partial choice (some items selected by client)
- Limited choice (few options)

Please describe how choice is implemented: _____



Partner Agency Grant Questions

Please submit the answers to the following questions typed in 12 point font, double spaced, attached to your application. Please keep responses under 250 words per question

1. Project Request

Please describe what you are requesting funding for and how it will be used. Be sure to explain how your request will support your agency's ability to serve neighbors, particularly in ways that align with the goals of this initiative, such as expanding access, improving the client experience, or strengthening capacity.

2. Budget / Estimated Cost

Please provide the expected cost for each item or project you are requesting. Include any supporting documentation, such as quotes for equipment, to ensure your application is complete.

3. Alignment with Funding Priorities

Please describe how this item(s) or project will address the Partner Agency Capacity Building Initiative funding priorities, such as expanding access, promoting dignity and choice, improving equity, or strengthening agency capacity.

4. Community Need

Explain the need in your community to expand service to more clients. Do you have the support of other organizations in your area? Are you working or collaborating with another FBNN partner agency? Please use quantitative data when available.

5. Operational Costs & Budget

How do you plan to fund any additional or ongoing operational costs that may result from this grant (e.g., staffing, utilities, maintenance)? Please attach either:

- An **organizational budget**, if the grant will impact your overall operations, **or**
- A **program-specific budget**, if the grant is tied to a particular program or service.

6. Measuring Impact

How will you know if this grant makes a meaningful difference for your agency and the neighbors you serve? Describe the data you plan to collect and how you will collect it. Include quantitative measures (e.g., neighbors served, pounds of food distributed, expanded service hours) and/or qualitative measures (e.g., client feedback, stories, staff observations) to demonstrate the impact of your project.

7. Additional Information (optional)

Include any comments regarding your agency or program that are of relevance but have not been addressed in the previous questions.