

**State Food Purchase Program
Fiscal Year**

Application for Funds

Applicant Agency: _____

Amount of Request: \$ **Total Request** _____

% Central PA Food Bank

% Local Buy

**Type of Emergency Food
Distribution Program:**

Food Pantry

Soup Kitchen

Shelter

Program Name: _____

Agency Address: _____

Agency Director: _____

Agency Telephone: _____

Agency Email (if available): _____

Agency EIN: _____

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/Program Director

Date

Office Use Only

Date of Receipt: _____

Date of Review: _____

Copy to DHS: _____

STATE FOOD PURCHASE PROGRAM

FY APPLICATION AGENCY/ORGANIZATION

PROGRAM DESCRIPTION: Please describe your emergency food distribution program. Include the location of the program (if different from cover sheet 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, fund-raising activities, etc.

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.

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 effort.

ATTACHMENTS

- Copy of 501(c) 3 IRS designation letter (*Only if status has changed from last application.*)
- Minimum of 3 letters of support from constituents or community partners
- List of organization's governing body including name, address, and phone numbers
- Any brochures, pamphlets, or additional information about the program, if available

APPLICATION INSTRUCTIONS

Please use the following guidance as you write your request for consideration for funds under the State Food Purchase Program FY . Complete the application and submit one original and one copy to: Mifflin-Juniata Human Services Dept., Attn: SFPP, 20 N. Wayne St. Lewistown, PA 17044. **APPLICATIONS MUST BE RECEIVED IN THE HS OFFICE BY NO LATER THAN noon on May 29, 2015. Incomplete or late proposals will not be processed or returned.**

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