



# BURLINGTON COUNTY

FOOD BANKS AND PANTRIES GRANT PROGRAM – 2<sup>ND</sup> FUNDING ROUND  
FUNDED BY THE FEDERAL AMERICAN RESCUE PLAN ACT (ARPA)



INFORMATIONAL WORKSHOP  
OCTOBER X, 2024



# Burlington County is Hosting this Meeting to:

- 1) Provide information on the Food Banks and Pantries Program.
- 2) Engage eligible non-profits to identify eligible projects.
- 3) Encourage the submittal of applications for eligible potential projects.

# ARPA OVERVIEW

- Enacted in 2021.
- Provided \$1.9 trillion in federal funds to individuals, communities, counties and states to support the economic recovery from the COVID pandemic.
- Burlington County has dedicated \$2.5 million in ARPA funds to the Food Banks and Pantries program.

# ELIGIBLE ACTIVITIES

## ELIGIBLE ACTIVITIES LIMITED TO THE FOLLOWING:

### **Purchase of:**

- Retail display coolers and freezers
- Stoves (for soup kitchens)
- Storage coolers and freezers
- Shelving

### **Purchase and distribution of consumables.**

“Consumable” includes the following:

- Any food for the household, such as:
  - Fruits and vegetables;
  - Meat, poultry, and fish;
  - Dairy products;
  - Breads and cereals;
  - Canned goods, nonperishables, rice and pasta;

Other foods such as snack foods and non-alcoholic beverages; and seeds and plants, which produce food for the household to eat.

### Ineligible Projects and Expenses

*Ineligible expenses include any expenses not listed as eligible above.*

October X, 2024 @ 3PM	Application Workshop – Technical assistance for application planning and preparation
October X, 2024	Application forms available
Ongoing	<b>Applications will be accepted on a first-come-first-served basis</b>
Ongoing	Incomplete applications will be given a two-week period to submit missing or incomplete documents or to amend the application
Ongoing	CGP&H submits eligible applications with recommended funding amounts to County staff for review and final approval
Ongoing	Grant Agreements sent to successful applicants for signature and submission to CGP&H staff. Once the Grant Agreement is fully executed, successful grantees may begin to accrue expenses.
Ongoing	Grantees submit required fiscal and programmatic reports to receive reimbursement for eligible expenses
Ongoing	Checks sent to grantees 30-60 days following receipt of fiscal and program reports

Note: All dates are subject to change

# TIMELINE

**PLEASE NOTE, THIS IS A REIMBURSEMENT PROGRAM.**

**APPLICANTS SHOULD NOT PURCHASE ANY ITEMS UNTIL THE GRANT HAS BEEN AWARDED, ALL REQUIRED DOCUMENTS EXECUTED AND APPROVED, AND PROGRAM REPRESENTATIVES HAVE BEEN NOTIFIED THAT THEY MAY BEGIN PURCHASING.**

# 2<sup>ND</sup> ROUND APPLICATION

## BURLINGTON COUNTY FOOD BANKS, PANTRIES and SOUP KITCHENS GRANT PROGRAM APPLICATION

2<sup>nd</sup> Round Funding Cycle



### Applicant and Project Information

For questions, contact Program Staff at:

[BurlCoFood@cgph.net](mailto:BurlCoFood@cgph.net) or 609-795-2503

Organization Name & Address	Project Title	Project Category
		<input type="checkbox"/> Equipment <input type="checkbox"/> Consumables <input type="checkbox"/> Both
Contact Person Name & Title	Contact Address (if different from above)	Contact Phone, Fax and E-mail Address

### PROJECT FUNDING REQUEST FOR ELIGIBLE PURCHASES

Total Equipment Funds Requested	\$
Total Consumables Funds Requested	\$
Total Project Cost	\$
<b>Funds Awarded (to be completed by Program Staff)</b>	<b>\$</b>



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## APPLICATION NARRATIVE (cont.)

2. Describe the need in the community, how this need increased due to the Coronavirus pandemic, and why these funds are essential to address this need. Indicate what other funding sources have been pursued for this purpose and whether they have been applied to cover costs associated with this project.

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3. Describe the program's timeline with dates and times; including the earliest possible start dates, end dates, and milestones as applicable. Please complete attached template – **Form A**.

Check when completed

4. Describe any community outreach activities conducted by your organization.

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5. What has your organization done to make it easier for high-barrier populations (homeless individuals, individuals with mental health and/or substance use disorders, homebound individuals) to access your services?

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### **I. PROJECT MANAGEMENT**

- A. Who is the designated Project Manager who manages the day-to-day activities of this proposed project?

# 2<sup>ND</sup> ROUND APPLICATION

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B. Is the Project Manager a regular employee of your organization or a volunteer?

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C. Briefly describe the qualifications of your Project Manager as they relate to the scope of this particular project.

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D. Who does your Project Manager report to, and will this change during the course of the project?

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## APPLICATION WORKSHEET

### 1. PERFORMANCE MEASUREMENTS (FOR PROPOSED PROJECT ONLY)

Estimate of number of Burlington County persons/households who will receive assistance \_\_\_\_\_

Estimate of pounds/containers of food to be distributed \_\_\_\_\_

Pieces of equipment purchased to expand food delivery services \_\_\_\_\_

Pieces of equipment upgraded to expand food delivery services \_\_\_\_\_

### 2. PROPOSED PROGRAM BUDGET

List all sources of funds for this project only, excluding other agency programs. Include funds identified as matching funds. See attached template – Form B.

\_\_\_ Check when completed

### 3. SOURCES OF FUNDS

Identify all other funding that has been, or will be, pursued for this project ONLY and discuss the outcome or status of the applications.

Source	Amount	Status	Purpose of Funds

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**4. COST ESTIMATE** – Please attach to this application a current cost estimate from a vendor/supplier for any consumables and/or equipment to be purchased with grant funds if awarded. Applicants should submit cost estimates for anticipated expenses (not receipts) with the application. For example, if an applicant wishes to purchase a stove with grant funds, then the applicant should obtain a cost estimate from a supplier to justify the budget expense.

PLEASE NOTE: WE ARE NOT LOOKING FOR YOU TO ACTUALLY CONTRACT WITH ANY VENDORS OR SUPPLIERS AT THIS TIME. Do not expend any funds prior to an award of a Program grant. We only are looking for an estimate of what your program will cost.

#### **5. DOCUMENTS TO SUBMIT WITH APPLICATION**

All Applications must submit the following documents along with their application:

- A copy of the nonprofit's most recent Form 990 or Form 990-EZ filed with the Internal Revenue Service.
- Confirmation that the non-profit is registered with the State of New Jersey as a charitable organization.
- Most recent certified financial audit.
- Listing of its most current Board of Trustees, including full names and offices.
- Signed Certification by an officer of Applicant Organization's Board that none of its nonprofit's board members or staff with authority to access grant funds have been convicted of a felony of a financial crime in the last 10 years. See attached template – **Form C**.
- Statement of Ownership Disclosure – **Form D**.
- Cost Estimates – as referenced above in Section 4 above.

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## BURLINGTON COUNTY FOOD BANKS, PANTRIES and SOUP KITCHENS GRANT PROGRAM APPLICATION CERTIFICATION PAGE

APPLICANT NAME: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

### APPLICANT MUST COMPLETE THE FOLLOWING:

#### A. Applicant Certification:

I certify that all information provided in this application is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Date

#### B. Funding Certification:

I acknowledge that receipt of any grant recommended by the Burlington County Board of Commissioners and the release of funds by the US Department of Treasury, and that release of payments will be subject to documenting compliance with all requirements listed in the Grant Agreement to be executed with Burlington County.

I further acknowledge that the Burlington County Board of Commissioners will not be responsible for any costs incurred prior to the execution of the Grant Agreement.

\_\_\_\_\_  
Signature of Applicant Chief Financial Officer or Authorized Representative

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Date

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**FORM C - PROPOSED CERTIFICATION** (To be submitted on organization letterhead)

**CERTIFICATION AS TO BOARD AND STAFF**

**(Non-felony status)**

To: Burlington County Food Banks, Pantries and Soup Kitchens Program

From: \_\_\_\_\_  
[Applicant Organization Name]

Date: \_\_\_\_\_

I, \_\_\_\_\_ [Name], as \_\_\_\_\_ [Position] of

\_\_\_\_\_ [Organization] do hereby certify that none of the nonprofit's board members or staff with authority to access grant funds have been convicted of a felony of a financial crime in the last 10 years.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

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# TIMELINE TEMPLATE (FORM A)

Burlington County Food Banks & Pantries Grant Program							
<i>Insert Name of Organization</i>							
SAMPLE Project Timeline (Adjust to your organizations proposed schedule or provide a similar Timeline)							
ACTIVITY	Estimated Start Date	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6-12
Execution of Grant Agreement with CGP&H							
Purchase and Installation of Equipment							
Purchase and Distribution of consummables							
Collect Invoices, Cancelled Checks, and Receipts for Purchased Items							
Complete Compliance Reporting Forms							
Submit Payment Documents and Forms to CGP&H for reimbursement							
Other Day-to-Day Project Coordination/Technical Assistance							
Project Close Out							

# BUDGET TEMPLATE (FORM B)

SAMPLE Burlington County Food Banks & Pantries Budget Template - (FORM B)			
Applicant Organization:			
A. Equipment	Unit Cost (\$)	Units Requested	Total (\$)
Whirlpool 19.65 cubic ft upright freezer	779	1	779
Craftsman Heavy Duty 5 tier utility shelving	89	4	356
<b>SUBTOTAL EQUIPMENT</b>	<b>868</b>	<b>5</b>	<b>1,135</b>
B. Consumables	Unit Cost (\$)	Units Requested	Total (\$)
Canned Tuna (case)	37	10	370
Canned Vegetables (case)	57	10	570
Rice (5 lb bag)	10	50	500
Canned Black Beans (case)	15	50	750
Canned Fruit	28	10	280
<b>SUBTOTAL CONSUMMABLES</b>	<b>147</b>	<b>130</b>	<b>2,470</b>
<b>C. TOTAL (\$)</b>	<b>1,015</b>	<b>135</b>	<b>3,605</b>

All applicants must complete this form or provide similar based on cost estimates received for requested purchases

\* Please round down to the nearest dollar

**Application forms to submit potential eligible projects  
may be obtained using the contact information  
at the end of the presentation**



# QUESTIONS & ANSWERS

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**Michelle Lamar, Esq.**

BurlCoFood@cgph.net

(609) 795-2503

To request an application or if you have further questions, please contact Michelle Lamar at CGP&H.

