

Edible Food Recovery Grant Application (FY 23/24)

Email applications to Blue Strike Environmental: katy@bluestrikeenvironmental.com

I. APPLICANT INFORMATION

1. APPLICANT NAME: _____

2. ORGANIZATION TYPE: [501(c)3, other- please specify] _____

3. TAX ID NUMBER _____

4. APPLICANT EMAIL: _____

5. APPLICANT PHONE NUMBER: _____

6. APPLICANT MAILING ADDRESS: _____

Street Address _____ Suite/Apt # _____

City, State, Zip Code _____

7. APPLICANT MONTEREY COUNTY OPERATING LOCATION ADDRESS: _____

Street Address _____ Suite/Apt # _____

City, State, Zip Code _____

Funding distributed under this grant must be used solely to benefit Monterey County

8. Is the facility for which you are applying located in Monterey County? YES | NO

If yes, what city is your facility located in?

9. Has your organization ever received funding from Salinas Valley Recycles (SVR), Monterey Regional Waste Management District (ReGen Monterey) or Monterey County? If yes, please describe.

YES | NO

10. Is your organization in good standing with SVR, ReGen Monterey and Monterey County? If no, please describe.

YES | NO

11. Please confirm the following for your organization:

a. All required business license(s) are valid and up to date YES | NO | N/A

b. All required permits are valid and up to date YES | NO | N/A

c. Our facility staff and volunteers maintain appropriate food handlers or food safety manager certifications as necessary or required by state or local mandates. YES | NO | N/A

d. The following person(s) is designated as out food safety manager: _____

12. APPLICANT SERVICE AREA (Please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> CARMEL-BY-THE-SEA | <input type="checkbox"/> GONZALES |
| <input type="checkbox"/> DEL REY OAKS | <input type="checkbox"/> GREENFIELD |
| <input type="checkbox"/> MARINA | <input type="checkbox"/> KING CITY |
| <input type="checkbox"/> MONTEREY | <input type="checkbox"/> SALINAS |
| <input type="checkbox"/> PACIFIC GROVE | <input type="checkbox"/> SOLEDAD |
| <input type="checkbox"/> PEBBLE BEACH | <input type="checkbox"/> UNINCORPORATED COASTAL MONTEREY COUNTY |
| <input type="checkbox"/> SAND CITY | <input type="checkbox"/> UNINCORPORATED SALINAS VALLEY |
| <input type="checkbox"/> SEASIDE | |

13. Do you collect food donations? YES | NO

14. Do you collect food donations from outside of Monterey County? YES | NO

If yes, from where?

15. Do you distribute food to communities outside of Monterey County? YES | NO

If yes, where?

16. BASELINE - PLEASE ESTIMATE YOUR CURRENT CAPACITY (Estimate at least one of the following)

- | | |
|--|-------------------------|
| <hr/> | MONTHLY ANNUALLY |
| (# of POUNDS of Edible Food Collected) | (Select Period of Time) |
| <hr/> | MONTHLY ANNUALLY |
| (# of POUNDS of Edible Food Distributed) | (Select Period of Time) |
| <hr/> | MONTHLY ANNUALLY |
| (# of DONATIONS Accepted) | (Select Period of Time) |
| <hr/> | MONTHLY ANNUALLY |
| (# of MEALS Served) | (Select Period of Time) |
| <hr/> | MONTHLY ANNUALLY |
| (# of INDIVIDUALS Served) | (Select Period of Time) |

17. Will this funding help increase your capacity to accept and distribute more edible food donations? YES | NO

18. What is the estimated amount of increased capacity this funding will result in?
(e.g. How many more pounds of food will your organization be able to collect and distribute?)

- | | |
|--|-------------------------|
| POUNDS DONATIONS MEALS INDIVIDUALS | MONTHLY ANNUALLY |
| (Select Units) | (Select Period of Time) |

19. TRASH & RECYCLING INFORMATION
 a. Do you know who your trash & recycling hauler is? YES | NO

b. If yes, please select:

GREENWASTE | MONTEREY CITY DISPOSAL | TRI-CITIES DISPOSAL
WASTE MANAGEMENT | REPUBLIC SERVICES

c. Does your facility currently have recycling collection service? YES | NO

d. Does your facility currently have organics collection service? (Food Scraps) YES | NO

e. Are you willing to obtain recycling and organics collection service, if you do not already have these services? (Technical assistance is available to support you) YES | NO | N/A

20. CAREIT APPLICATION

a. Do you currently have a Careit account? YES | NO

b. Are you willing to obtain a Careit account if you do not already have one? YES | NO | N/A

II. SHORT ANSWER RESPONSES

1. APPLICANT DESCRIPTION: (Briefly describe your organization and mission)

3. PROJECT DESCRIPTION: (Briefly describe the project you plan to implement using this funding)

4. INCREASED SERVICE CAPACITY: (Briefly describe how this funding will benefit your organization or increase your service capacity)

III. BUDGET REQUESTED

An estimated \$90,000 of funding is available under this FY 23/24 funding opportunity. Organizations may apply for grants of \$1,000 up to a maximum award of \$22,500. The average grant award for food recovery organizations under this solicitation is anticipated to be \$5,000 - \$10,000. This grant does not require matching funds or cost-share, but it is highly recommended. Additional funding may be allocated in future years to further bolster the region's ability to prevent edible food waste.

TOTAL GRANT FUNDING REQUESTED: \$

Expense Summary

CATEGORY	ITEM(S) DESCRIPTION	AMOUNT REQUESTED
EQUIPMENT		
MATERIALS		

SUPPLIES		
TRANSPORT		
LABOR		
OTHER		
SUM:		\$ -

PLEASE JUSTIFY YOUR EXPENDITURE REQUEST (Please check all that apply):

- | | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Increase number of persons served | <input type="checkbox"/> | Increase transportation capacity |
| <input type="checkbox"/> | Increase cold storage capacity | <input type="checkbox"/> | Increased staff or volunteer capacity |
| <input type="checkbox"/> | Increase frozen storage capacity | <input type="checkbox"/> | Increase our food preservation capacity |
| <input type="checkbox"/> | Increase dry storage capacity | | |
| <input type="checkbox"/> | Increase education, outreach and/or training capacity | | |
| <input type="checkbox"/> | Increase the total amount of edible food donations we can accept | | |
| <input type="checkbox"/> | Increase the variety of edible food type of donations we can accept | | |
| <input type="checkbox"/> | Increase the amount of perishable food donations we can accept | | |
| <input type="checkbox"/> | OTHER (please specify) | | |

I certify under penalty of perjury that I have the authority to submit this application as an agent of the applicant listed on this form. I further agree to expend grant funds, if awarded, in line with the approved budget and scope of work, and consistent with all grant terms and conditions. I acknowledge that failure to expend funds and/or submit required reports consistent with grant terms and conditions may result forfeiture and return of grant funds in full or in part, and may further forfeit my organization's eligibility for future funding from ReGen, SVR, or their member agencies.

AUTHORIZED AGENT NAME

AUTHORIZED AGENT SIGNATURE

DATE