

## **CLOSE THE GAP GRANT APPLICATION-OVERVIEW: FY 11**

*Close the Gap Grants provide financial support to NTFB Member Agencies that plan to increase their service capacities to reach more people in need. As part of any grant, the recipient agency is expected to partner with the NTFB in PR efforts related to this grant.*

**Close the Gap** is the North Texas Food Bank's three-year strategic plan to double our impact and build the capacity to provide access to over 50 million meals annually.

### **REQUIREMENTS:**

**Any Close the Gap grant request must supplement funds already raised or allocated by your Agency for the expansion of your agency capacity.**

**You may only apply if the following requirements have been met:**

- Account Balance Current
- Attended the Member Agency Conference (MAC)
- Capacity Building Review Complete
- Monthly Reports Current
- Participated in at least 2 Agency University classes in a twelve month period

### **FUNDING OPPORTUNITIES:**

**Up to \$10,000 can be requested and exceptions may be considered on a case by case basis.**

- Expand food storage capacity (example: add on or join rooms to create more space)
- Add additional feeding locations
- Add additional feeding programs (example: add a hot meal to a pantry program)
- Expand service area (example: add a zip code)
- Add additional refrigeration (example: walk-in or reach-in units)
- Increase service times (example: pantry expands from 2 days a week to 3 days a week)
- Other: \_\_\_\_\_

### **DUE DATE:**

**Proposals may be submitted at any time from July 1, 2010 – March 31<sup>st</sup>, 2011.**

**Please mail your completed application to:**

The North Texas Food Bank  
Attn: Paul Wunderlich  
4500 S. Cockrell Hill Rd.  
Dallas, TX 75236

**You may also e-mail these forms to: [paul@ntfb.org](mailto:paul@ntfb.org)**

If you have any questions, please contact the Agency Relations Department at 214.270.2026.

## INSTRUCTIONS

Please organize your application using the following outline.

1. Cover Page
2. Application questions
3. Tier Agreement Form
4. Current operating budget

### **1. COVER PAGE**

**I. The cover page should be typed on your Agency letterhead and include the following:**

1. Title: "Close The Gap Grant Packet"
2. The date submitted
3. Agency Name and Address
4. Executive Director's name
5. List the items within the packet

### **2. APPLICATION QUESTIONS**

**I. Grant purpose and amount requested:**

States the purpose of the request, the specific dollar amount requested and provide a breakdown of how those funds will be spent to expand hunger relief services.

**II. Agency Tier Level (State the following)**

1. Your current Tier level
2. The Tier level you have agreed to reach (See attached Tier Agreement Form).
3. How would this grant help your organization achieve the agreed-upon Tier level

**NOTE: If you do not know your current Tier level, please contact Alanie Eguia, our Agency Relations Associate, at 214.270.2026 or e-mail [alanie@ntfb.org](mailto:alanie@ntfb.org).**

**III. Brief Overview/ History:**

Please give us a brief overview of your Agency and your services to the community. Please be sure to include the following:

1. Your service area
2. The number of clients served
3. Frequency of service to clients
4. Any other vital details or statistics

**IV. Need:**

Please explain the challenges of your Agency and/or community and how receiving this grant would help you address them. Use measurable outputs such as the projected numbers of meals and/or people served and/or the percent increases made possible with grant funds.

**V. Collaborations:**

Please tell us about any other partnerships and/or community alliances your Agency has that help you to serve more hungry people (100 words or less). Also attach a one page PR/publicity plan and timeline showing how your Agency intends on showcasing your partnership with the NTFB; i.e. press releases, a mention in your newsletter, web home page, etc.

### **3. TIER AGREEMENT FORM**

**I. Signed copy of the Tier Agreement Form**

### **4. OPERATING BUDGET**

**I. Current operating budget**



# TIER UPGRADE AGREEMENT FORM-PANTRY



Agency Name \_\_\_\_\_ Agency Number \_\_\_\_\_

Agency Director \_\_\_\_\_ Contact Number \_\_\_\_\_

Current Tier Level \_\_\_\_\_ Agreed Tier Level \_\_\_\_\_

By signing this form, your Agency commits to doing the following in order to reach the agreed tier level and attain NTFB *Close The Gap Grant* funds in the amount of \_\_\_\_\_.

**Tier 2 Status**

**Your Agency has met all Tier 3 requirements and will:**

- Provide ongoing service to clients at a minimum of once per month
  - Be open a minimum of twice per month in **non-urban areas**
- Or-
- Be open a minimum of 6 hours per week in **urban areas**
- Provide 4 days of food (15.36lbs) per individual in the household
- Increase distribution of shared maintenance fee items by 5-15% over previous year
- Participate in Food Stamp Outreach (FSO) efforts by surveying clients at least once per year
- Provide multiple services to clients or have a referral system put in place
- Complete one Agency University course within the next 12 months

**Special Note of Agreement:** \_\_\_\_\_

**Tier 1 Status**

**Your Agency has met all Tier 2 requirements and will:**

- Provide 7 days of food (26.88lbs) per individual in the household
- Be open or accept appointments a minimum of once per week during evenings or weekends
- Increase distribution of shared maintenance fee items by 30% over previous year
- Actively use a shared client database that is capable of being shared
- Complete an additional Agency University course within the next 12 months

**Special Note of Agreement:** \_\_\_\_\_

*Your agreement with NTFB will be reviewed 6 months after the grant funds have been dispersed to ensure that the outcomes agreed upon are still attainable. Upon the findings of the review, any grant funds not yet dispersed will be released to the Agency.*

\_\_\_\_\_  
Agency Director (signature) Date

\_\_\_\_\_  
NTFB Chief Executive Officer (signature) Date