

# Application Form

## Food Rescue Innovation Grant



**Applications are due by 11:59 pm on April 26, 2024**

### Application Instructions

1. Read the [Guidelines](#) and watch the **Food Rescue Innovation Grant Info Session** before completing your application.
2. **Complete the Application Form:**
  - Applications must be typed, not hand-written.
  - Your completed Application Form must be no longer than 10 pages (not including the Instructions page or letters of commitment). If you submit an application that is longer than 10 pages, the review team will not read beyond page 10.
3. **Compile your completed application package, including:**
  - Application Form (Required)
  - Price quotes for expenses (Optional)
  - Email or letter of commitment from each project partner (Preferred)
  - Images or maps that help explain your project (Optional)
4. **Submit one copy of your completed application package by 11:59 pm on April 26, 2024:**
  - **Email** (preferred) your completed application package to [SPU\\_FoodRescue@seattle.gov](mailto:SPU_FoodRescue@seattle.gov). Call (206) 615-0516 if you do not receive an email confirmation of receipt within 2 business days.

OR

**Mail** a hardcopy to the following address. We are not able to accept in-person application deliveries.

SPU Food Rescue Innovation Grant  
Attn: Liz Fikejs  
Seattle Municipal Tower  
700 5<sup>th</sup> Ave, Suite 4900  
P.O. Box 34018  
Seattle, WA 98124-4018
5. **The review process may include a virtual interview component. If applicable, applicants may be contacted to schedule a virtual interview for the week of May 13<sup>th</sup>.**

Questions? Contact Liz Fikejs at [SPU\\_FoodRescue@seattle.gov](mailto:SPU_FoodRescue@seattle.gov) or (206) 615-0516

[www.seattle.gov/utilities/FoodRescue](http://www.seattle.gov/utilities/FoodRescue)

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How did you learn about SPU’s Food Rescue Innovation Grant?	
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## Applicant Information

Applicant Name, Business, or Organization	
Fiscal Agent Name (if applicable)	
Mailing Address	
City, State, Zip Code	
Contact Person	
Job Title	
E-mail Address	
Preferred Phone Number	

Check all categories that describe the applicant.	
<input type="checkbox"/> Business	<input type="checkbox"/> Institution (such as health care or housing)
<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Faith-based organization
<input type="checkbox"/> Community or neighborhood group	<input type="checkbox"/> Other (please list): _____
<input type="checkbox"/> School, college, or university	

## Project Information

Project Name			
Total Grant Funds Requested <b>may not exceed \$100,000</b>	\$		
Start Date <b>no sooner than late June 2024</b> (once agreement is signed)	Month:		Year:
End Date <b>Within 12 months of signed agreement</b>	Month:		Year:
Location where the project will take place (e.g., neighborhood(s), business name, building name, etc.). Include the street address and zip code if the project will take place at a specific site.			

# Project Proposal

## 1. Project Description

Describe your proposed project, including:

- What is the challenge you seek to address?
- Why do you want to do it?
- What specific activities will you do to increase the quality or quantity of commercially donated or discounted food while reducing overall food waste going into garbage or compost?
- How will these activities contribute to food access?

## 2. Project Activities to Advance Additional Priorities

What specific activities and strategies will you use to advance at least two of the following:

- A) Innovation:** Test or expand on new approaches or technologies for distributing edible, unsold food from businesses.
- B) Scale of potential impact:** Prototype a solution that builds in collaboration across entities, establishes standards to improve effectiveness across the City, and/or demonstrates how benefits can be replicated beyond the participating parties.
- C) Equity:** Involve economic opportunities and participation by people, non-profit organizations, and businesses representing frontline\* community members (\*these include BIPOC communities, immigrants, refugees, youth, elders, people experiencing homelessness, formerly incarcerated people, disabled people, LGBTQ communities, people with low income, and people who work in outdoor occupations).

## 3. Project Outcomes

What outcomes do you expect from your project?

Include any specific waste impacts, food access improvements, other community benefits, or other changes you expect to see. Also include estimates where feasible, such as number of projected business or nonprofit partners, people served by increased food access, food rescue and distribution efficiencies and potential learnings.

Only include impacts and estimates that can be directly attributed to your proposed grant project.

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**4. Measuring Success**

How will you measure and collect data to show whether this approach reduced overall food waste going to compost and/or garbage? How will you measure how this will improve food access? How will this data be used, during or after the grant project? How will it be shared with project partners and SPU?

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**5. Project Staffing**

How will your project be staffed? Include volunteers and paid staff who will be contributing time. Also describe the relevant knowledge, skills, similar work experience, and community relationships your team brings to the project.

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**6. Project Partners**

List all partners who will be supporting the project, if any. Describe their roles in the project and the relevant knowledge, skills, similar work experience, and community relationships they bring to the project.

Projects that will engage partners are encouraged to secure partnerships before submitting the grant application. Include an email or letter of commitment from each project partner with your application.

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**7. Economic Viability & Long-Term Impacts**

How will you develop a plan to continue, replicate, or expand the project after the grant is completed?

How will you fund future work without City funding?

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## Project Budget

### 8. Project Match

Describe how your project will meet the minimum match requirement of 5% of the total grant request.

Examples:

\$50,000 grant request requires a minimum match of \$2,500, for a total project budget of at least \$52,500.

\$100,000 grant request requires a minimum match of (\$5,000) \$for a total project budget of at least \$105,000.

Examples of match contributions include:

- cash or other grant funds that will be used to fund a portion of the costs in your List of Expenses below
- unpaid volunteer hours that support grant project activities (valued at \$34.87 per hour)
- donations such as space, services, equipment, and supplies to support grant project activities

### 9. List of Expenses

Provide a detailed list of all project expenses and an explanation of how you calculated the estimated cost.

- Include all costs directly related to the proposed project, not just those that will be funded by the grant. SPU will work with award recipients to identify which expenses can be reimbursed by the grant.
- Budgets should be as accurate as possible to ensure your team has planned for all the resources needed to be successful.

Description of Expense	Estimated Cost	Calculations or Assumptions
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
<b>Total Project Budget</b>	\$	

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