

Application for Ramsey County Food Recovery/Gleaning Grants

| Organization Name: | | | | |
|---|--|--|--|--|
| Applicant Name: | | | | |
| Primary Organization Address: | | | | |
| Other Organization Addresses: If your organization has multiple locations from which food will be distributed, please list them here. | | | | |
| Location(s) and organization name(s) of where food will be collected: | | | | |
| Have you already received approval to collect food from this/these location(s)? 🛛 Yes 🖓 No | | | | |
| Applicant Phone Number: | | | | |
| Applicant Email Address: | | | | |
| Organization Type: INon-profit ICommunity/neighborhood-based organization IBusiness | | | | |
| Organization Demographics (optional) | | | | |
| We want to better understand who our program is reaching and how to meet the unique needs of each organization. Please check any boxes that apply to your organization. | | | | |
| Organization/Business Leadership (select all that apply) - Please answer based on organization's executive director or business owner: | | | | |
| 🗅 Women led 🛛 American Indian/Alaska Native led 🖵 Asian led | | | | |
| 🗅 Black or African American led 🗳 Latino/Hispanic led 📮 White led | | | | |
| Two or more races led Immigrant led Not applicable | | | | |

Brief description of organization, including mission, key objectives, and populations/geographic areas served. An attached program brochure or linked website page with this information is acceptable.

Description of Activities: Please provide a detailed description of the food recovery and gleaning activities that you plan to do using this grant. Please include information about your timeline, organizations/farms/markets from which you plan to recover food, locations of activities, and plans for distributing collected food (including partnering organizations, if applicable).

Budget Instructions: Please complete the table below with information about each item for that would be purchased with grant funds. Please list each material in a separate row (you may have more than one row for each activity). If the item you are listing does not have a number, such as staff time, leave the box in the Number column blank, or type in N/A.

Budget Table:

| Activity | Materials | Number | Total Cost |
|--|---------------------|--------|------------|
| Ex: Food collection from grocery store | Wax cardboard boxes | 200 | \$400 |
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Are you interested in other assistance to help your organization reduce waste (food and other types)? If so, please explain.