



Partners for a  
Hunger-Free Oregon  
*Ending hunger before it begins.*

## \* 2016 Summer Meals Support Fund Grant Application \*

### Application Instructions

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Before beginning this application, please read the Summer Meals Support Fund Guidelines on the Partners for a Hunger-Free Oregon (PHFO) [webpage](#). If awarded, by agreeing to accept these funds you are entering into an agreement with PHFO acknowledging that you will adhere to the requirements outlined in the guidelines.

Grants are available in amounts of \$2,500 or \$5,000. Based on the criteria described in the application below, PHFO may approve applicants for a lower funding tier than applied for.

**Applications are due no later than 5:00 p.m. on Friday, April 15th, 2016.**

**Please save and email a completed copy of your application (as an attachment) to Marcella Miller at Partners for a Hunger-Free Oregon.** Make sure to also save a copy for your records. If you have questions about this application or starting a SFSP program, we are happy to provide assistance.

#### Marcella Miller

Child Hunger Prevention Manager

Phone: (503) 595-5501 x 307

Email: [marcella@oregonhunger.org](mailto:marcella@oregonhunger.org)

### Contact Information

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<b>Full Legal Organization Name</b>	<input type="text"/>		
<b>Primary Contact</b> (First and Last Name)	<input type="text"/>		
<b>Secondary Contact</b> (First and Last Name)	<input type="text"/>		
<b>Address where check can be mailed: (Ex: 501 Main St)</b>	<input type="text"/>		
<b>City</b>	<input type="text"/>	<b>State</b>	<input type="text"/>
<b>Zip Code</b>	<input type="text"/>		
<b>Phone Number</b>	<input type="text"/>	<b>E-Mail Address</b>	<input type="text"/>

## Organization Information

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What county or counties does your program serve?

What best describes your organization?

Please select the best description of your role in the Summer Food Service Program:

SFSP or SSO Sponsor

SFSP Site

Are you a new site or sponsor?  
(2016 is your first year as a site/sponsor)

Yes

No

How many years have you been a site or sponsor?  
(Not including 2016)

Number of sites you hosted or sponsored in 2015:

Number of sites you will host or sponsor in 2016:

## Funding Request

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### Funding Tiers

Grants are available in either \$2,500 or \$5,000 amounts. The descriptions below provide a general idea of what type of objectives are requested for each funding tier.

**Tier 1. \$2,500:** successful applications should plan to increase number of meals served by 50% or more at at least one current site, and/or to open one new site.

**Tier 2. \$5,000:** successful applications will plan to increase number of meals served by 50% or more at at least three current sites and/or to open one or more new sites. New SFSP sponsors are encouraged to apply.

Which is the total dollar amount of your funding request?

\$2,500

\$5,000

## Program Goals

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What are your goals for Summer 2016? (Choose all that apply)

Become a new SFSP Sponsor. (Complete Section A)

Become a new SFSP Site. (Complete Section A)

Open new site/s. (Complete Section A)

Increase participation at 1-4 existing site by 50% (Complete Section B)

Increase participation at 5 or more existing sites by 50% (Complete Section C)

**Section A. Add New Sites**

1) New site name and address

Projected number of meals served in 2016

Please describe the need for summer meals programming at this location:

2) New site name and address

Projected number of meals served in 2016

Please describe the need for summer meals programming at this location:

3) New site name and address

Projected number of meals served in 2016

Please describe the need for summer meals programming at this location:

4) New site name and address

Projected number of meals served in 2016

Please describe the need for summer meals programming at this location:

## Section B. Existing Sites - Increase Participation by 50%

Describe your strategy to increase participation at each existing sites. In the "strategy" box below, **please enter the letter code to the left of the strategies listed below** (list all that apply). If your strategies impact 5 or more sites, complete **Section C**.

- A. Change meal type (cold meals to hot meals).
- B. Change or add a new meal service (breakfast, snack, lunch).
- C. Increase the number of serving days.
- D. Reach a specific population more effectively.
- E. Add activities to the meal program.
- F. Add transportation solution (i.e., transporting meals or kids to sites, "mobile meal" units.)
- G. Other: (please include detail below)

1) Existing site name and address	Total meals served in 2015	Projected meals served in 2016:	Strategy:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please describe your specific activities for each strategy. (Ex: By adding 10 days in August and activities on Mondays.)

2) Existing site name and address	Total meals served in 2015	Projected meals served in 2016	Strategy:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please describe your specific activities for each strategy. (Ex: By adding 10 days in August and activities on Mondays.)

3) Existing site name and address	Total meals served in 2015	Projected meals served in 2016	Strategy:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please describe your specific activities for each strategy. (Ex: By adding 10 days in August and activities on Mondays.)

4) Existing site name and address	Total meals served in 2015	Projected meals served in 2016	Strategy:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please describe your specific activities for each strategy. (Ex: By adding 10 days in August and activities on Mondays.)

**Section C. If your proposed strategies impact 5 or more sites, please complete the information below.**

Describe your strategy to increase participation at each existing sites. In the "strategy" box below, **please enter the letter code to the left of the strategies listed below** (list all that apply). If your strategies impact 5 or more sites, complete **Section C**.

- A. Change meal type (cold meals to hot meals).
- B. Change or add a new meal service (breakfast, snack, lunch).
- C. Increase the number of serving days.
- D. Reach a specific population more effectively.
- E. Add activities to the meal program.
- F. Add transportation solution (i.e., transporting meals or kids to sites, "mobile meal" units.)
- G. Other: (please include detail below)

Strategy:	Approximately how many sites will your proposed strategies impact?	Total meals served in 2015	Projected meals served in 2016

Please describe your specific activities for each strategy.  
(Ex: By translating all of our materials and partnering with our local library we plan to increase participation by 50%.)

## Budget and Program Planning

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**What do you plan to spend grant funds on?** (Choose all that apply)

Food preparation or meal service equipment

Transportation (of meals)

Transportation (of kids)

Staffing

Kick-off or celebration event

Activity materials

Outreach materials

Other

**Budget Narrative:** Please explain how you will spend funds on the items you selected above.

**Community Partnerships:** Successful applications will include partnerships with other organizations. Please list community partners and describe their roles. In addition, please let us know if you plan to meet with these partners during the planning process. If so, when did you meet or when will you meet with the partners?

**Enrichment activities:** please describe any one-time or regular enrichment activities you plan to provide.

**Outreach efforts:** please describe how you will inform local kids and families about your program.

**Child or family engagement:** please briefly describe any plans to involve family input during the planning process or during the summer months.

**Culturally responsive organization:** does your organization put forth culturally responsive services or aim to reach diverse populations and communities? What strategies do you plan to use to effectively reach specific populations?

**Statement of need:** please provide any additional information, not included above, if applicable, about the need for hunger-prevention programs in your community.

**How will you evaluate your program this year?**

- Surveys
- Focus Groups
- One-on-one interviews with families
- Verbal feedback
- Monitor participation and progress toward goals.
- Other

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**I acknowledge that: The information provided in this application is accurate to the best of my knowledge. If my organization is awarded, I agree to collaborate with PHFO to receive Technical Assistance and support as necessary, schedule a site visit to my program(s), submit one photo from my program, and to submit a report at the end of the granting period. I understand that if I do not submit a report by the required deadline, I may be disqualified from future funding opportunities. I understand that all grant funds must be used only during this grant period (May 16th - September 12th, 2016).**

