



Meal Program CDBG-CV

City of Salina

Submitted On:
September 9, 2020 11:02am
America/New_York

I acknowledge that I have read the information above and am ready to proceed with completing this application.	Yes
Submission Date	September 09, 2020
Organization Name	Meal Program 67401
Date Organization Established	1 1 2001
Organization's Primary Address	123 Meal Program Lane Salina KS 67401
Organization's Main Phone Number	123-456-7890
Organization's Website	meal@program.com
Organization's Social Media	Meal Program 67401
Is the address above for an office outside of Salina?	No
Name	Jane Appleseed
Title/Position	Director
Email	jane.appleseed@mealprogram.com
Business Phone Number	123-456-7890
Mobile Phone Number	098-765-4321
Program Title:	Meal Program 67401
Program Website or Webpage	
Type of Meal Program Being Applied For:	Food Bank Food Box Pick-up and Go
Please provide a description of the services provided by your program:	Food Bank and Food Box Pick-up and Go in Salina, KS.
Please provide a short description of how COVID-19 has impacted your program:	COVID-19 has impacted the Meal Program 67401 program _____
Please describe how the use of CDBG-CV funds will enhance or	Funds from CDBG-CV will enhance Meal Program 67401 by _____

sustain this program in response to COVID-19:	
What type of working capital would the CDBG-CV funds be used for? (e.g. utilities, payroll, inventory, supplies)	The CDBG-CV funds would be used for utilities, payroll, inventory, supplies, etc.
Please list any other resources or partners being used by this program in order to address the impacts of COVID-19.	Meal Program 67401 has requested funds from the following sources _____
Total Working Capital Need:	\$10,000.00
List any and all other funding you are currently seeking, including but not limited to, bank loans, SBA loans, public or private loans, grant funding, etc.	City Chamber of Commerce
Will full or part-time jobs be retained as a result of the funds?	Yes
Are you an immediate family member of an employee or an elected office of the City of Salina or Saline County?	No
Duns #	123456789
Do you recognize and understand that 51% of all people served by the meal program must reside in an LMI qualified Census tract?	Yes
Are you able to verify that 51% of those served by your meal program are residents of an LMI qualified Census tract?	Yes
Please explain what type of documentation and data collection you would use in order to ensure that 51% of people served reside in an LMI qualified Census tract:	Documentation from each day of food bank / food pick-up with names and addresses of each participant.
Upload Budget Expense Report	https://seam.ly/6G0dplcg EXAMPLESalinaApplication.pdf
Upload Meal Program Letter	https://seam.ly/Uwq1Rb34 EXAMPLESalinaApplication.pdf
Signature Data	First Name: Jane Last Name: Appleseed Email Address: jane.appleseed@mealprogram.com

Jane Appleseed

Signed at: September 9, 2020 10:01am America/New_York
