



ALAMEDA COUNTY
COMMUNITY
FOOD BANK



Alameda County Community Food Bank / CalFresh Partnerships Program Application for Funding

Funding Period: August 1, 2016 – June 30, 2017

From: Alameda County Community Food Bank / CalFresh Partnerships Program
Attn: Lisa Houston, CalFresh Partnerships Manager
7900 Edgewater Drive
Oakland, CA 94621
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To: Organizations and Agencies in Alameda County

For: Program to build the capacity of community agencies to conduct CalFresh outreach and provide CalFresh application assistance.

Background

Since 1985, Alameda County Community Food Bank has been at the forefront of hunger relief efforts in the Bay Area. Last year, the Food Bank served around 25 million meals to Alameda County residents.

CalFresh, formerly known as food stamps, is a supplemental nutrition program that helps low-income people in California buy the food they need to stay healthy. For most households, CalFresh benefits are only part of their food budget, and they must spend some of their own cash along with their CalFresh benefits in order to buy enough food for a month.

By signing people up for CalFresh, the Food Bank helps hungry families and individuals stretch their food budgets and drives millions of dollars of federal funding into California's economy each year. In FY15, the Food Bank's CalFresh outreach team helped 4,622 households apply for benefits, generating \$26 million in economic stimulus for Alameda County.

Despite these successes, only 55% of Alameda County residents who are eligible for CalFresh participate in the program. This program seeks to address this problem by broadening the reach of CalFresh enrollment efforts in Alameda County.

Program Purpose

The purpose of this program is to build the capacity of community agencies to conduct CalFresh outreach and provide CalFresh application assistance. The Food Bank's CalFresh Partnerships Program has funding to subcontract with community agencies to achieve this goal, and will provide training and tools to successful applicants. The funding will be awarded through a community needs-based application process administered by the Food Bank.

Who can apply?

Participating organizations must be located in Alameda County and have existing relationships with CalFresh-eligible low-income populations.

Program Requirements

Successful applicants will need to meet these minimum requirements:

- 1) Participate in CalFresh trainings (including orientation, around 4-5 hours).
- 2) Participate in monthly conference calls.
- 3) Participate in quarterly meetings.
- 4) Provide high-quality CalFresh application assistance:
 - a. Conduct outreach as needed.
 - b. Prescreen all households assisted for CalFresh eligibility.
 - c. Submit the minimum number of completed new applications per year to the county as stipulated applicant's subcontract.
 - d. Provide follow-up assistance as needed (answering client questions, contacting their case worker, assisting with recertification and filling out Semi-Annual Eligibility Income Reports [SAR 7]).
 - e. Track all assistance provided to clients in an online client management database.
- 5) Submit brief monthly activity reports to the Food Bank (number of people who were provided application assistance, outreach plans, etc.).

All CalFresh applications submitted by subcontractors to the Alameda County Social Services Administration will be reviewed by the Food Bank on a bi-monthly basis. **Organizations must maintain an average application approval rating of 70% +.**

Budget

Please use the budget template provided.

Funds may be used for personnel, fringe, and indirect. Any travel, copying and printing are to be covered as indirect costs.

Application and Selection Process

Review the funding amounts below and decide which level is best for your organization. Keep in mind that there are at least five hours of training involved, and that if you are doing well at your chosen level, there may be an opportunity to scale up to a higher funding level.

Available levels:

Funding amount per year	Required number of CalFresh applications per year
\$11,000 – 15,000	60 - 72
\$15,000 – 19,000	84 - 96
\$19,000 – 24,000	108 - 120
\$24,000 – 28,000	132 - 180

Applications will be accepted **until 5:00pm on Monday, June 20th, 2016** and will be reviewed by the Food Bank. Successful applicants will be notified by the end of June 2016. *Note: All funds must be expended and activities completed by June 30, 2017.*

FY17 CalFresh Partnerships Application Cover Page

Agency Name _____

Address _____

City _____ State CA ZIP _____

Telephone _____ E-Mail _____ FAX _____

Contact Person _____ Title/Position _____

Person Authorized to Bind Agency _____ Tax ID # _____

Funding Amount Requested \$ _____

1) Which age groups does your organization serve? Check all that apply:

- All ages
- Youth
- Adults
- Seniors (over age 60)

2) Which special populations does your organization serve? Check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Families | <input type="checkbox"/> Pregnant women | <input type="checkbox"/> Veterans / Military Personnel |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Immigrants / Refugees | <input type="checkbox"/> Students |
| <input type="checkbox"/> Recently incarcerated | <input type="checkbox"/> Disabled | <input type="checkbox"/> OTHER: _____ |

3) Does your organization provide services to new clients every month?

- No
- Yes (If yes, please briefly describe below.)

4) Does your organization provide any kind of case management?

- No
- Yes (If yes, please describe below.)

5) Does your organization do any marketing and promotion for its services? If so, what for?

- No
- Yes (If yes, please describe below.)

6) What is the reach of your organization in Alameda County? City-wide, region-wide, county-wide? Please describe.

Certificate of Application

THE APPLICANT CERTIFIES THAT: To the best of my knowledge and belief, data information given in this application is true and correct. The governing board of the applying agency has duly authorized the application.

Signature _____ Date _____

Name and Title

Please submit completed applications by email (signed and scanned) or by mail to:

Alameda County Community Food Bank
Attn: Lisa Houston, CalFresh Partnerships Manager
7900 Edgewater Drive
Oakland, CA 94621
Phone: (510) 635-3663 x355
Email: lhouston@acafb.org

Program Description and Narrative

We're excited to see what ideas you have for implementing this program! While there are specific criteria we'd like you to meet, we also encourage you to be creative in your approach to meeting the project requirements. Please fill out the following five sections in no more than three (3) typed pages.

1. Applicant History and Experience

Describe your organization and the population you serve, and tell us why your organization is qualified to implement this program. Include any experience your organization has with the CalFresh program and with the Alameda County Community Food Bank.

2. Staffing

Describe key staff who'll be working on the program or who will be hired. What skills need to be added or present for the program to be successful? Is this a new position or will the funding be used to support existing staff? How will you deal with staff turnover?

3. Program Summary

Briefly describe your approach to the program including outreach, case management (answering client questions, contacting their case worker, assisting with recertification and filling out Semi-Annual Eligibility Income Reports [SAR 7]) and how the program fits into your organization's primary focus.

4. Objectives

This section summarizes the program's measurable objectives. What will be accomplished, when, by whom, and how many will be reached?

Two very important aspects of this program are 1) the thorough review of client information to ensure that applications submitted to the county are approved for CalFresh benefits, and 2) excellent customer service – making sure the client feels safe and supported during the application process. Describe how you plan to achieve a high approval rating for applications submitted to the county and provide excellent customer service.

5. Support

What additional support might you need for this program to be successful? Do you currently receive federal funding for CalFresh outreach and application activities?

6. Sustainability

Could your organization sustain this program when/if funding ends? If so, describe your ideas for sustaining this program; if not, describe why.