Edible Food Recovery Grant Application FY 26/27

Email applications to Blue Strike Environmental: katy@bluestrikeenvironmental.com

I. Applicant Information

1. Applicant Organization Name:_____

2. Organization Type [501(c)3, other]:_____ 3. Tax ID Number:_____

4. Applicant Email:_____ 5. Applicant Phone Number:_____

6. Applicant Website (if applicable):_____

7. Applicant Mailing Address:

_____

_____

8. Applicant Monterey County Operating Location and/or Pantry Address (if different):

_____

_____

9. Days and Hours Open to Public (ex., M-W 9AM-5PM; TH 2PM-4PM): _____

_____

10. Is the facility for which you are applying located in Monterey County? ☐ Yes ☐ No

10a. If yes, what city is your facility located in?:

_____

11. Has your organization ever received funding from Salinas Valley Recycles (SVR), Monterey Regional Waste Management District (ReGen Monterey), or Monterey County? If yes, please describe: ☐ Yes ☐ No

_____

_____

12. Please confirm the following for your organization:

a. All required business license(s) are valid and up to date ☐ Yes ☐ No ☐ N/A

b. All required permits are valid and up to date ☐ Yes ☐ No ☐ N/A

c. Our facilities staff and volunteers maintain appropriate food handlers or food safety manager certifications as necessary or required by state or local mandates ☐ Yes ☐ No ☐ N/A

d. The following person(s) is designated as our food safety manager:

_____	_____	_____
Name	Certification Type	Food Safety Manager Certification Entity

13. Applicant Service Area:

- ☐ Carmel-By-The-Sea
- ☐ Del Rey Oaks
- ☐ Marina
- ☐ Monterey
- ☐ Pacific Grove
- ☐ Pebble Beach
- ☐ Sand City
- ☐ Seaside
- ☐ Gonzales
- ☐ Greenfield
- ☐ King City
- ☐ Salinas
- ☐ Soledad
- ☐ Unincorporated Coastal Monterey County
- ☐ Unincorporated Salinas Valley

14. Do you accept food donations? ☐ Yes ☐ No

15. Do you accept food donations from outside of Monterey County? ☐ Yes ☐ No

15a. If yes, where?:_____

16. Do you distribute food to communities outside of Monterey County? ☐ Yes ☐ No

16a. If yes, where?:_____

17. Baseline - Please estimate your **CURRENT** capacity. Estimate **at least one** of the following and specify a time period.

_____ Pounds of edible food collected	☐ Monthly	☐ Annually
_____ Pounds of edible food distributed	☐ Monthly	☐ Annually
_____ # Donations accepted	☐ Monthly	☐ Annually
_____ # Meals served	☐ Monthly	☐ Annually
_____ # Individuals served	☐ Monthly	☐ Annually

18. Will this funding help increase your capacity to accept and distribute more edible food donations? ☐ Yes ☐ No

19. What is the estimated amount of **increased capacity** this funding will result in? (*e.g., how many **additional** pounds of edible food will you be able to collect?*) **Please use the same units used in #17**.

_____ Pounds of edible food collected	☐ Monthly	☐ Annually
_____ Pounds of edible food distributed	☐ Monthly	☐ Annually
_____ # Donations accepted	☐ Monthly	☐ Annually
_____ # Meals served	☐ Monthly	☐ Annually
_____ # Individuals served	☐ Monthly	☐ Annually

20. Trash and Recycling Information

a. Does your facility currently have recycling collection service? ☐ Yes ☐ No

b. Does your facility currently have organics collection service (Food Scraps)? ☐ Yes ☐ No

c. Are you willing to obtain recycling and organics collection service if you do not already have these services? (Technical assistance is available to support you) ☐ Yes ☐ No ☐ N/A

21. Careit Application

a. Do you currently have a Careit account? ☐ Yes ☐ No

b. Are you willing to obtain a Careit account if you do not already have one? ☐ Yes ☐ No ☐ N/A

II. Short Answer Questions

1. **Applicant Description:** Briefly describe your organization and mission.

2. **Project Description:** Briefly describe the project you plan to implement using this funding.

3. **Increased service capacity:** Briefly describe how this funding will benefit your organization or increase your capacity.

4. **Service capacity estimates:** Please explain how you calculated **baseline capacity** estimates. (e.g., donation weights are logged, meal to pound conversion factor used, number of people served is tracked, visual estimate, etc.) Please justify your estimates for the amount of increased capacity your project will contribute towards.

III. Budget Requested

An estimated $100,000 of funding is available under this FY 26/27 funding opportunity. Organizations may apply for grants up to a maximum award of $25,000. The average grant award for food recovery organizations under this solicitation is anticipated to be $5,000 - $10,000. This grant does not require matching funds or cost-share, but it is highly recommended. **Daily operational costs, including gas, PPE, and other disposable materials, must be capped at 10% of the total amount of funding requested.**

Category	Item Description	Amount Requested
Equipment		
Materials/Supplies		

Transport				
Other				
Labor	**Position Title**	**Salary/hourly rate**	**Number of hours expected to be covered by grant funding**	

Total Requested:	$

Please justify your expenditure request (Please check all that apply):

- ☐ Increased number of persons served
- ☐ Increased cold storage capacity
- ☐ Increased frozen storage capacity
- ☐ Increased dry storage capacity
- ☐ Increased education, outreach, and/or training
- ☐ Increase the amount of perishable food donations we can accept
- ☐ Increase the type of edible food donations we can accept
- ☐ Increase transportation capacity
- ☐ Increase staff or volunteer capacity
- ☐ Increase food preservation capacity

capacity

☐ Increase the total amount of edible food donations we can accept

☐ Other:_____

I certify under penalty of perjury that I have the authority to submit this application as an agent of the applicant listed on this form. I further agree to expend grant funds, if awarded, in line with the approved budget and scope of work, and consistent with all grant terms and conditions. I acknowledge that failure to expend funds and/or submit required reports consistent with grant terms and conditions may result forfeiture and return of grant funds in full or in part, and may further forfeit my organization's eligibility for future funding from ReGen, SVR, or their member agencies.

_____	_____	_____
Authorized Agent Name	Authorized Agent Signature	Date