

**CITY OF SAN MARCOS
CORONAVIRUS RELIEF - GENERAL FUND GRANT
2021 APPLICATION**



Due Date: June 6, 2021 at midnight

I. APPLICANT CONTACT INFORMATION

Applicant Organization: Hays County Food Bank

Contact Name: Iris Tate Telephone: 512-392-8300 xt230

Mailing Address: 220 Herndon Street, San Marcos, TX 78666

Physical Address, if different from mailing address: _____

Contact E-Mail Address: itate@haysfoodbank.org Web Address: www.haysfoodbank.org

Who is authorized to execute program documents? Eleanor Owen-Oshan

II. APPLICATION SUMMARY INFORMATION

Program Name: Home Delivery San Marcos

Amount of Funds Requested: \$6,830.00

Program Location: San Marcos, TX - 220 Herndon Street and City Recreation Hall 170 Charles Austin

By approximately what date will funds be expended? 12/31/2021

III. ORGANIZATION DESCRIPTION

1. What is your organization's mission?

We are passionately committed to improving lives through food assistance programs, nutrition education and advocacy.

2. How many volunteers does your agency/organization have and how many hours will they spend on the program requesting funding?

Average monthly volunteer hours donated to the food bank as of May 2021 is 757 hours/month provided by an average 95 volunteers/month. We will require 4-5 volunteers to provide a total of 20 hours/week for the Home Delivery program.

3. How many direct clients did your organization serve in the last full program year?

Un-duplicated clients served through public food distributions in 2020 = 9575. Un-duplicated clients served through Turkeys Tackling Hunger 2020 = 4894.

4. Provide information regarding your Board of Directors, including how they are selected and how often they meet. Please also include attendance figures.

The Board of Directors is made up of community members who apply to be on the board and contribute their skills to the advancement of the food bank. Applicants are invited to attend meetings and learn more about our mission the food bank operations and the board members

5. Please list all funding received from the City for the current program year, by source and amount.

Human Services Funding - \$50,000 for 2020-2021, Public Food Distribution Program

IV. PROGRAM DESCRIPTION

1. Provide a brief description of the proposed program.

The COVID-19 pandemic shed light on a great need in our community. Many residents are homebound with few options to get food and necessities. San Marcos has limited public transportation options. The Corona-virus exacerbated this situation with social distancing requirements and people being further confined to their homes who contracted the virus. We began a home delivery program in April 2020 to provide for clients in need. We continued the program until August 2020. We provided 40 clients a week with home food delivery. We delivered on a bi-weekly basis to 80 clients throughout Hays County.

The resources and time required to continue the program became difficult to maintain. The program grew out of an urgent need and had not been budgeted or thoroughly planned out prior to COVID-19.

The proposed Home Delivery Program will be restricted to 65+ individuals, limited transportation, income eligibility, and living in a 1-2 person household. This program may be expanded to persons with a disability under age 65 that are refereed by a referral agency.

2. In what ways does this program serve people who have been negatively impacted by the COVID-19 pandemic or related economic shutdowns?

This program will serve individuals who have been negatively impacted by the COVID-19 pandemic through continued isolation and economic instability due to limited mobility and no transportation. The clients served by this program will meet age, income and household size requirements.

3. Is this a new program or the expansion of an existing one?

This is a new program that is based on our home delivery program from 2020.

4. Is there a fee for clients to participate in the program? If yes, please provide a fee structure.

No fee.

5. Describe the proposed days and hours of operation of the program.

Home food deliveries will take place on Wednesday during business hours. Packing and processing food for this program will occur on Monday and Tuesday during business hours. Hays County Food Bank is open Monday - Thursday 8am-4:30pm and Friday 8am-12pm.

6. What are the goals of the program for which you are requesting funding?

The goal is to reach clients that meet the requirements for this program and provide them with a minimum of 50 lbs of food on a bi-weekly basis with 1/3 being fresh produce.

7. How will you know you met these goals?

We will have met our goal when we have identified clients for the home delivery program, coordinated volunteer deliveries and the clients have received groceries.

9. Discuss how you will measure program success.

Surveys and phone calls to clients after a month of service to capture feedback on the foods being delivered and whether or not the client is finding the foods useful and helping them meet their nutritional needs.

10. What additional funding is your agency requesting for this program? Please provide Funding Source, Amount Requested, Amount Granted, and whether funding is Pending.

We have not requested additional funding.

V. PROGRAM BENEFICIARIES

1. How many persons are proposed to be assisted if funding is received? 40 San Marcos residents initially

2. What percentage of persons proposed to be assisted are expected to have low to moderate incomes? 100%

3. Will this program have income limitations? ☒ If so, how do you propose to document the income of the beneficiaries? (check all that apply)

☐

Evidence that the child is approved for free or reduced lunch

☒

Evidence that the family lives in housing sponsored by the Housing Authority

☐

Evidence that the family is WIC approved

☐

Income documentation using one of the 3 HUD approved methods

☒

Self-certification, with income verification required of 20% of certifications

☐

Other, describe: _____

VI. LINE ITEM BUDGET

Please use the following format to present your proposed line item budget. Secured funds are funds on-hand, pledged, or awarded. Supporting documentation may be attached as an Appendix. Programs will be considered for which funds have already been spent.

Expense Category	Total Program Budget	CDBG Portion	Other Funding Source	Other Funds Amount
Personnel Services				
Salaries				
Fringe Benefits				
Supplies				
Office Supplies	\$30.00			
Program Supplies	\$6800.00			
Client Materials				
Operating				
Training				
Insurance				
Utilities/Rent/Mortgage				
Other (please specify)				
Total	\$6830,00			

Please provide an explanation for any unusual budget expenditures listed in the line item budget above.

VII. PROGRAM IMPLEMENTATION SCHEDULE WITH PERFORMANCE GOALS

Program Start Date:

August 1, 2021

Program Completion Date:

August 1, 2022

Activity Description	Start Month/Year	End Month/Year	Performance Measurement Goal
<i>Example: Hiring New Staff Member</i>	<i>October 2019</i>	<i>December 2019</i>	<i>Employment process complete</i>
Develop list of clients through outreach	July - Aug 2021	Aug 2021	Client list defined
Volunteer outreach	July 2021	Aug 2022	Packing and driving shifts filled
Plan driving and delivery routes	July - Aug 2021	ongoing	Completion of deliveries
Define food list	July - Aug 2021	ongoing	Protein, grains and fresh produce purchased