City of Carlsbad Edible Food Recovery Application for Operations Funding

The City of Carlsbad is offering operational funding support to food recovery organizations servicing Carlsbad. The intent of funding an organization's operations is to support the City of Carlsbad in recovering surplus edible food from going to compost or landfill and to feeding people instead. Through this funding, the City will support organizations in their efforts accepting and distributing additional edible food safely.

The application acceptance will be on a rolling basis and City staff will be reviewing applications as submitted during the open application period, providing no guarantees of funding. Limited funds are available.

Please see FAQ's page on the Food Recovery Funding page for more information
https://tinyurl.com/3jfvftux

For questions regarding this funding opportunity, please contact Sustainable Materials Management Staff at: FoodRecovery@carlsbadca.gov or 442-339-2646.

* Required

PART 1: ELIGIBILITY

Complete this form by checking all applicable boxes to verify the applicant meets all eligibility requirements. If you cannot meet all eligibility items below, do not continue with the full application.

1. Applicant is a community-based food recovery organization or service, or other charitable feeding agency that rescues edible food from Tier 1 and Tier 2 food generators/donors. *

   ○ Yes

   ○ No

2. Applicant is able to demonstrate how the program's activities will increase an organization's capacity to rescue edible food from the City of Carlsbad food generators. *

   ○ Yes

   ○ No

3. Applicant is able to recover surplus edible food generated in Carlsbad. *

   ○ Yes

   ○ No

4. Applicant can provide timesheets and invoices on a monthly basis to City staff. *

   ○ Yes

   ○ No

5. Applicant can and will track and provide progress reports to the City the additional food rescued in pounds per type of eligible project and its related metrics. See Eligible Costs and Metrics on the Funding website here: https://tinyurl.com/3jfvftux *

○ Yes

○ No

6. Applicant can demonstrate a baseline food rescue in pounds for the previous calendar year, and baseline rescue of food generated in Carlsbad (for purposes of measuring new recovery). *

○ Yes

○ No

7. Applicant is in compliance with all federal, state, and local land use, regulatory, and permit requirements. Awardees will be required to obtain and maintain a valid business license with the City of Carlsbad. *

○ Yes

○ No

PART 2: ORGANIZATION AND CONTACT INFORMATION

8. Organization Name *

[   ]

9. Nonprofit tax ID number or Employer Identification Number (EIN), if
   applicable

[   ]

10. City of Carlsbad Business License Number

   If applicant does not have a business license, one will be required if funding is approved.

[   ]

11. Organization's Full Address (Street #, Street, City, Zip Code) *

[   ]

12. Contact Full Name *

[   ]

13. Contact Phone Number (including area code) *

14. Contact Email *

PART 3: PROJECT APPROACH

In the sections below, you will be asked to provide information on type(s) of eligible funding you are requesting. Also provide a summary of the organization's proposed approach to recovering additional edible food from food generating businesses in Carlsbad, including a timeline of proposed tasks, deliverables, and a description of how you will manage your time efficiently.

15. What type of funding are you requesting? (Multiple selections allowed) *

☐ Funding for labor that will result in an increase in the number of additional Tier 1 and Tier 2 food generators serviced. (other food generating businesses in Carlsbad may also be considered)

☐ Funding for labor that will result in an increase of the number of meals served using additional rescued food.

☐ Funding for labor that will result in an increase in the number of mobile deliveries using additional rescued food.

☐ Funding for labor that will result in an expanded number of distribution sites or expanded hours or number of open days at distribution sites where additional rescued food will be available.

☐ Funding for labor that would increase the volume of rescued food by additional aggregation, sorting, and packaging of meals.

☐ Funding to pay for additional drivers that will result in additional donor pickups and additional food rescued.

16. Provide a summary of the organization's proposed approach to recovering additional edible food from food generating businesses in Carlsbad *

17. Please provide timeline, tasks and deliverables for the organization's proposed approach. *

18. Describe how you will manage staff time efficiently. *

PROJECT TEAM

Provide the names and qualifications of the key individuals that will be responsible for carrying out project tasks, and their respective roles within the team.

Enter resume summaries for up to 10 key team members that pertain in the fields below. Please use only one field per team member. Each section will be limited to 4,000 characters (including spaces).

Please do not include sensitive information such as social security numbers, home addresses or other

19. Key Team Member's Resume Summary #1 *

20. Do you want to add an additional resume summary? *

○ Yes

○ No

21. Key Team Member's Resume Summary #2

22. Do you want to add an additional resume summary? *

○ Yes

○ No

23. Key Team Member's Resume Summary #3

24. Do you want to add an additional resume summary?

○ Yes

○ No

25. Key Team Member's Resume Summary #4

26. Do you want to add an additional resume summary? *

○ Yes

○ No

27. Key Team Member's Resume Summary #5

28. Do you want to add an additional resume summary? *

○ Yes

○ No

29. Key Team Member's Resume Summary #6

30. Do you want to add an additional resume summary? *

○ Yes

○ No

31. Key Team Member's Resume Summary #7

32. Do you want to add an additional resume summary? *

○ Yes

○ No

33. Key Team Member's Resume Summary #8

34. Do you want to add an additional resume summary? *

○ Yes

○ No

35. Key Team Member's Resume Summary #9

36. Do you want to add an additional resume summary? *

○ Yes

○ No

37. Key Team Member's Resume Summary #10

PROJECT REFERENCE SUMMARIES

Project reference summaries should be in a narrative format, not to exceed 4,000 characters (including spaces) per summary. Summaries should describe projects that exemplify the organization's capability to recover and distribute edible food in the City of Carlsbad (maximum of three).

Include the following information for each Project Reference Summary:

- Name of the project
- State whether the organization was the project lead or a subcontractor/ partner
- Approximate beginning and completion dates of the project
- Provide the name, address, and current phone number of a reference contact for which the organization provided the service
- Describe the services the organization performed
- Describe any special problems or difficulties encountered and how they were resolved

38. Project Reference Summary #1 *

39. Project Reference Summary # 2

40. Project Reference Summary # 3

RATE SCHEDULE

Rate schedule should indicate the title and hourly billing rates for each team member recovering edible food. No subcontractors allowed. (see example template here: https://tinyurl.com/3jfvftux)

Pricing shall remain firm for the term of the Agreement. Please note that the Agreement will not allow for annual adjustments to the rate schedule.

Mileage and materials reimbursement are not allowable.

Monthly invoices and timesheets for approved project team members will be required for reimbursement by the City.

If new staff are proposed to be hired with the funding, please provide proposed billing title and hourly rate.

While staff may change throughout the agreement, only the billing titles and associated hourly rates listed will be eligible for funding.

41. Enter Staff Name, Billing Title and Hourly Billing Rate *

42. Do you want to enter additional staff? *

○ Yes

○ No

43. Enter Staff Name, Billing Title and Hourly Billing Rate

44. Do you want to enter additional staff? *

○ Yes

○ No

45. Enter Staff Name, Billing Title and Hourly Billing Rate

46. Do you want to enter additional staff? *

○ Yes

○ No

47. Enter Staff Name, Billing Title and Hourly Billing Rate

48. Do you want to enter additional staff? *

○ Yes

○ No

49. Enter Staff Name, Billing Title and Hourly Billing Rate

50. Do you want to enter additional staff? *

○ Yes

○ No

51. Enter Staff Name, Billing Title and Hourly Billing Rate

52. Do you want to enter additional staff? *

○ Yes

○ No

53. Enter Staff Name, Billing Title and Hourly Billing Rate

54. Do you want to enter additional staff? *

○ Yes

○ No

55. Enter Staff Name, Billing Title and Hourly Billing Rate

[   ]

56. Do you want to enter additional staff? *

○ Yes

○ No

57. Enter Staff Name, Billing Title and Hourly Billing Rate

[   ]

58. Do you want to enter additional staff? *

○ Yes

○ No

59. Enter Staff Name, Billing Title and Hourly Billing Rate

PART 6: FOOD RECOVERY INFORMATION

60. Is your organization a fresh rescue partner of either the San Diego Food Bank or Feeding San Diego? *

- ◯ Yes

- ◯ No

- ◯ Other

61. If "Yes", which fresh rescue organization(s) do you partner with? *

- ☐ San Diego Food Bank

- ☐ Feeding San Diego

- ☐ Other

62. If "No", how is your business or organization currently recovering edible food? *

63. Does your organization currently rescue food from businesses located in the City of Carlsbad?

If yes, please specify businesses and approximate rescued in pounds per month. *

○ Yes

○ No

64. Carlsbad Business #1

65. Current Pounds Rescued per month for Business #1

The value must be a number

66. Do you want to enter another business? *

○ Yes

○ No

67. Carlsbad Business #2

68. Current Pounds Rescued per month for Business #2

The value must be a number

69. Do you want to enter another business?

○ Yes

○ No

70. Carlsbad Business #3

71. Current Pounds Rescued per month for Business #3

> [ ]

The value must be a number

72. Do you want to enter another business?

○ Yes

○ No

73. Carlsbad Business #4

> [ ]

74. Current Pounds Rescued per month for Business #4

> [ ]

The value must be a number

75. Do you want to enter another business?

○ Yes

○ No

76. Carlsbad Business #5

[ ]

77. Current Pounds Rescued per month for Business #5

[ ]

The value must be a number

78. Do you want to enter another business?

○ Yes

○ No

79. Carlsbad Business #6

80. Current Pounds Rescued per month for Business #6

The value must be a number

81. Do you want to enter another business?

○ Yes

○ No

82. Carlsbad Business #7

83. Current Pounds Rescued per month for Business #7

The value must be a number

84. Do you want to enter another business?

○ Yes

○ No

85. Carlsbad Business #8

86. Current Pounds Rescued per month for Business #8

The value must be a number

87. Do you want to enter another business?

○ Yes

○ No

88. Carlsbad Business #9

89. Current Pounds Rescued per month for Business #9

The value must be a number

90. Do you want to enter another business?

○ Yes

○ No

91. Carlsbad Business #10

92. Current Pounds Rescued per month for Business #10

The value must be a number

93. What types of food does your organization CURRENTLY rescue from businesses located in the City of Carlsbad? (Multiple selections allowed) *

☐ Fresh Produce (whole fruits and vegetables)

☐ Shelf-stable/Non-perishable (food that can be safely stored at room temperature, or "on the shelf." These non-perishable products include canned and bottled foods, rice, pasta, flour, sugar, spices, oils and other products that do not require refrigeration until after opening.)

☐ Perishable (food that requires refrigeration, such as dairy, eggs, and meat; baked goods such as pastries; individually packaged items such as salads and sandwiches)

☐ Prepared (food that was prepared in a commercial kitchen {e.g. hotel or hospital} but not served to customers)

☐ Prepared frozen items (food that is already frozen by a donor)

☐ Other

94. If funded, will your business or organization be able to rescue food from NEW Tier 1 and 2 food generating businesses in the City of Carlsbad? *

◯ Yes

◯ No

95. If "Yes", please list possible new businesses. *

96. If "No", please explain why. *

97. Who currently receives the rescued food collected by your organization from donors in Carlsbad? Please list organizations, services, entities or events receiving this food. If your organization provides recovered food directly to your own end recipients, such as members of your organization or the community, please indicate so in the list.

List recipients *

98. If funded, who will receive the additional rescued food from donors in Carlsbad?   *

[ ]

99. What types of **ADDITIONAL** food does your organization plan to rescue with the funding? (Multiple selections allowed)   *

[ ] Fresh Produce (whole fruits and vegetables)

[ ] Shelf-stable/Non-perishable (food that can be safely stored at room temperature, or "on the shelf." These non-perishable products include canned and bottled foods, rice, pasta, flour, sugar, spices, oils and other products that do not require refrigeration until after opening.)

[ ] Perishable (food that requires refrigeration, such as dairy, eggs, and meat; baked goods such as pastries; individually packaged items such as salads and sandwiches)

[ ] Prepared (food that was prepared in a commercial kitchen {e.g. hotel or hospital} but not served to customers)

[ ] Prepared frozen items (food that is already frozen by a donor)

[ ] Other

100. Provide a general description of planned activities that will result from having this funding (such increase rescue of perishables; allow rescue of fresh produce; preparation of meals from rescued food, additional pickups per week on existing routes, etc.) *

[ ]

101. Additional comments

INSURANCE REQUIREMENTS

Detailed Insurance Requirements and Documents can be found in the Sample Agreement, Exhibit C here: https://tinyurl.com/3jfvftux

Within ten (10) working days after city's notification of award of a funding agreement to the Applicant, all required insurance documents must be submitted to Contract Administration. Applicant's failure to provide the city-required insurance certificates showing specified coverage within this time frame may be cause for the funding agreement award to be rescinded at the city's sole discretion.

All certificates of insurance for auto policies must:

1. Meet the conditions stated in the included funding agreement for each insurance company that the Applicant uses.
2. Cover any vehicle used in the performance of the funding agreement, used onsite or offsite, whether owned, non-owned or hired, and whether scheduled or non-scheduled. The auto

102. Will you be able to meet the above insurance requirements? *

○ Yes

○ No

SIGNATURES

103. Project Manager's Name *

104. Date *

Please input date (M/d/yyyy)

105. Project Manager's Signature (Please type "1" and your full name) *