Community FoodBank of New Jersey – 2026 State of NJ Grant Application

1. Date

2. Organization Name

3. Person Filling out the Application

Funding Request

4. Which of the following action items will your proposal address? Organizations can pick more than one if the reasoning is supported throughout the application. (Select all that apply)

- ☐ Expand capacity to sustain or meet an increase in demand;
- ☐ Assist in maintaining continuity or improving efficiency of services based on existing demand for emergency food;
- ☐ Increase access to culturally appropriate food or supplemental products for neighbors;
- ☐ Improve operational infrastructure to support safe handling, storage, and distribution of perishable food

5. If awarded funding, which of the following methods will be utilized to successfully fulfill chosen action Items? More than one can be chosen.

- ☐ Purchase Capacity Equipment such as but not limited to:
  - ☐ Cold Chain Equipment, e.g. Refrigeration and/or Freezers
  - ☐ Shelving/Racking, Hand Trucks, etc.
  - ☐ Technology: Computers, Printers, Scanners, etc.
  - ☐ Production Equipment
- ☐ Purchase of Supplemental Products, such as culturally appropriate food, aligned with demand in communities served

6. How much are you requesting? $

CFBNJ reserves the right to award a lesser amount than the full amount requested. (Please enter numbers; no symbols or text allowed)

Please answer the following questions. The answers provided will determine eligibility and be the basis on which your proposal is evaluated. Relationships with any employee or volunteer will not be considered when the proposal is scored. Please be clear and concise.

Scores are based upon continuity, ability to clearly convey existing barriers to service and proposed solutions, supporting detail and documentation provided, and demonstrated ability for data collection.

ORGANIZATION PROFILE

7. Organization Name

8. Organization Physical Address (Address, City, ZIP, County)

9. Primary Contact Name/Title

10. Primary Contact Phone Number

11. Primary Contact Email Address

12. Secondary Contact Name/Title

13. Secondary Contact Phone Number

14. Secondary Contact Email Address

15. County/ies Served (Select all that apply)

- ☐ Atlantic
- ☐ Bergen
- ☐ Cape May
- ☐ Cumberland
- ☐ Essex
- ☐ Hudson
- ☐ Middlesex
- ☐ Morris
- ☐ Passaic
- ☐ Somerset
- ☐ Union

16. Please indicate the type of organization (Select all that apply)

- ☐ Food Pantry
- ☐ Soup Kitchen
- ☐ Shelter
- ☐ Senior Site
- ☐ College Pantry
- ☐ Baby Care Pantry
- ☐ Child Nutrition Site
- ☐ Other

17. What is your annual operating budget?

18. How many distribution events does your organization host per month? If you are a soup kitchen, what meals do you serve (e.g. lunch, dinner only) and how many times per week do you serve them?

19. How many clients do you serve monthly?

20. Average number of people per household served per month?

21. If you are able, please let us know how many seniors you serve per month.

NEEDS

22. **Which of the following needs will your organization address with these grant funds?**
(Select all that apply and explain in your response.)

- ☐ Expanding capacity to distribute food.
- ☐ Maintaining continuity or improving efficiency of services based on existing demand.
- ☐ Increasing supplemental products for neighbors.
- ☐ Improving safety, food quality, or operational infrastructure.

23. **Please describe how the grant funds will be used.**

If requesting capacity equipment, describe the equipment needed, how it was identified, and how it will improve food safety, storage capacity, and/or reduce food loss.

If requesting supplemental products, describe the types of products you plan to purchase, how the need for these items was identified, and how they will increase access to food and/or improve the nutritional quality of food distributed to the community.

24. **How will the requested item(s) impact the neighbors you serve?**

Please explain how this investment will improve access, reliability, safety, or quality of food distribution for your neighbors.

EVALUATION

25. **To help us understand community needs and improve services over time, we welcome general information about who is being served through this project. What information, if any, does your organization already collect about participants?**

26. **How will you measure success for this project based upon the chosen area of focus?**

Based on reporting requirements, you will need to submit data, pictures, stories, and quotes. Describe the metrics or indicators you will use to assess progress and outcomes based on the chosen area(s) of focus. Include both quantitative measures (e.g., number of clients served, percentage reduction in food loss, increased storage capacity) and qualitative measures (e.g., client satisfaction, improved operational efficiency, stories/quotes).

Please be sure to send supporting documents as outlined in the Funding Request Overview to foodaccessgrant@cfbnj.org with the subject line: FY 26 Food Access Grant: Organization Name

If you are submitting via email, please be sure to send supporting documents as outlined in the Funding Request Overview itemized request list, to foodaccessgrant@cfbnj.org with the subject line: FY26 Food Access Grant: Organization Name

Via Mail: 31 Evans Terminal, Hillside, NJ 07205 with attention to "Food Access Grant"

Drop Off: 31 Evans Terminal, Hillside, NJ, 07205 (North Jersey) or 6735 Black Horse Pike, Egg Harbor Township, NJ 08234 (South Jersey). Please drop off your application with the attention to "Food Access Grant

27. **Required Supporting Documents**

- **501(c)(3) determination letter**
- **Itemized list** of requested items
- **Three (3) quotes per item**
- **Acknowledgment form -** Please download, print, complete and sign the Acknowledgement form at the end of this document. Please submit this via email, postal mail or in-person delivery along with the other attachments

(1) **Important: Please name all files appropriately before submitting. Each file name must begin with your organization name, followed by the document type (e.g., 501(c)(3), Itemized List, Quote, Acknowledgment Form, etc.).** For example: *OrganizationName_501c3* or *OrganizationName_ItemizedList*.

Files may be saved as a Microsoft Word, Microsoft Excel, or PDF format. Files that are not named in this format may not be matched to your application and could result in your application being considered incomplete.

(2) **If you are submitting via email, please submit all required all required document together in one email. Do not send documents separately.** Sending documents in multiple emails may delay processing and could result in your application being considered incomplete. Email all files to foodaccessgrant@cfbnj.org with the subject line: FY26 Food Access Grant: Organization Name

Organization Acknowledgement

Date:

Organization Representative:

Organization:

On behalf of (Organization Name), I, (person filling it out), agree that answers provided in our grant application are true and accurate to the best of my knowledge. I further acknowledge that the Community FoodBank of New Jersey (CFBNJ) is administering this funding in partnership with the State of New Jersey and that our organization's application materials and required reports may be shared with the State of New Jersey for review, compliance, and reporting purposes.

(Organization Name) affirms that it meets the following eligibility criteria:

Have experienced an increased demand for emergency food or need to expand capacity at some point between March 1, 2020, and now, or anticipate an increase in demand or need to expand capacity, or in the absence of an actual or anticipated increase in demand or need, demonstrate that funds would contribute toward the ability of our organization to maintain continuity or efficiency of service based on its existing demand for emergency food.

If funds are awarded to our organization, (Organization Name) will comply with mandatory reporting requirements. We acknowledge that the Community FoodBank of New Jersey will supply our organization with appropriate reporting materials upon notification of award status.

We are aware that submitting this application does not mean we will be reimbursed for any money spent thereafter. This is a grant application, and it will be reviewed as outlined above.

The Community FoodBank of New Jersey will review all applications fairly based upon guidance provided in the application form. We recognize the necessity for funds to be distributed equitably amongst organizations. The spirit of the Grant Agreement is the collective effort of the State of New Jersey and the Community FoodBank of New Jersey to provide organizations with the necessary goods, supplies, or services to continue, expand, or make safer and more efficient their operations and service to New Jersey's most vulnerable residents.

PRINT NAME_____

SIGNATURE_____