

State of Maine Department of Agriculture, Conservation and Forestry
CARES Act Food Security Network Reimbursement Program PHASE

2 APPLICATION

Please complete this form and return to Catholic Charities Maine **no later than 5:00 PM EST on April 16, 2021**. Applications received after this date will not be eligible for funding.

To submit (email or fax preferred):

- **Email** contracts@ccmaine.org with subject line “CARES Food Security Network Reimbursement Program Application,” **OR**
- **Fax** a completed application package to 207-781-8560, **OR**
- **Mail** to Catholic Charities Maine, 307 Congress Street, PO Box 10660, Portland, Maine 04104. Note: please ensure that adequate time is allowed for physical mailing.

For assistance or more information, please contact:

Daniel J. Bazemore
CFO, Catholic Charities Maine
dbazemore@ccmaine.org
207-523-1155

A. APPLICANT BUSINESS

Applicant Name _____

Tax ID Number _____

Business Name _____

Business Address _____

City/Town _____

Zip _____

Business Phone _____

Email: Website: _____

Type of Business (select one):

Sole prop _____

LLC _____

S-Corp _____

C-Corp _____

Non-Profit _____

Co-op _____

B. BUSINESS INFORMATION

Please tell us how you will use DACF-CARES reimbursement funding to support your infrastructure expenses: [check off all boxes that apply]

- ☐ Adaptation of facilities to meet new safety guidelines (e.g., new signage), sanitation, and worker protection (e.g., PPE, such as gloves and masks).
- ☐ Provisions and equipment for remote and curbside pick-up or delivery (e.g., pop-up tents).
- ☐ Food storage, processing, and delivery equipment to adapt to supply chain disruptions, including cold and ambient storage, storage containers and bins, food safety equipment (e.g., coolers and thermometers), rental costs for additional delivery vehicle use, and unanticipated mileage.
- ☐ Additional, unbudgeted food costs incurred as a result of an unexpected increase in food insecurity as a result of COVID.
- ☐ Purchase of food processing, washing and packing equipment; produce and fruit sorting equipment (to reduce human contact); cleaning and sanitation equipment.
- ☐ Costs associated with repackaging food products to meet the demand and quantity sizing required by food banks and pantries.
- ☐ Information technology needs, including the development of online delivery systems (hardware and software).

C. PROJECT FUNDING

Provide the amount of DACF-CARES reimbursement funds to be requested. **Maximum \$10,000.**

Total amount requested: _____

D. AMENDED APPLICATIONS

Did your organization receive funding under this CARES program previously? If so, this subsequent submission represents an amended application and any new expenses deemed eligible will be reimbursed up to an aggregate total of \$10,000.

- ☐ Yes, my organization previously received funding from this program (less than \$10,000).
- ☐ No, this is my organization's first submission to this program.

E. ATTACHMENTS

Please attach separately:

1. W-9
2. Project Summary/Scope of Work (1-page narrative).
 - a. Brief description of organization's food supply and distribution capacity, including products, processes, and staffing requirements.
 - b. Provide a brief but clear description of each eligible expense, including the COVID-related operational challenges or limitations addressed by the investment.
 - i. For equipment, materials, and infrastructure expenses: Describe each item separately, including cost per unit and total cost.
 - ii. For contractual expenses (e.g., those incurred by procuring services performed by an individual or organization other than the applicant): Describe each contractor separately, including name, rate, and overall cost.
3. Receipts for eligible infrastructure-related purchases made between March 1, 2020 and April 1, 2021.
 - a. Please email, fax, or mail receipts or invoices for eligible infrastructure expenses as part of the application package.

This Application form must be fully completed, signed and dated (including the Certification below), and requested attachments included for your application to be accepted as complete.

Applicant Certifications and Eligibility

As the applicant I certify under the penalties of perjury that:

- 1. To the best of my knowledge and belief, all information contained in this application and all attached documentation is true and correct and current as of the date signed below;**

- 2. I will comply with all applicable State and federal laws and regulations;**

3. I acknowledge that I am applying for and may receive Federal CARES Act funds and that I have not benefitted from other federal, state, local, or insurance funds that would cover the costs without the assistance I am applying for, and that the State of Maine, and the Federal Government are hereby authorized to verify the information contained herein.

4. There are no actions, suits or proceedings pending or, to the knowledge of the applicant, threatened against or affecting the applicant and/or business at law or in equity before any court or administrative officer or agency which might result in any material adverse change in the business or financial condition of the applicant.

5. Be a for-profit business or non-profit organization in Maine;

6. Be current and in good standing with all Maine State payroll taxes, sales taxes, and state income taxes (as applicable) through July 31, 2020;

7. Be in good standing with the Maine Department of Labor;

8. Not be in bankruptcy;

9. Not have permanently ceased all operations

10. Be in consistent compliance and not be under any current or past enforcement action with COVID-19 Prevention Checklist Requirements (<https://www.maine.gov/decd/covid-19-prevention-checklists>)

Signature of Applicant

Printed or Typed Name:

Name of Applicant **Business**:

Date: