# Program Guidelines

## The Rural Assistance Program was created to support member food banks and to assist with various needs not addressed by other provincial and national funds. This program is made possible by a generous contribution by the **RBC Foundation**.

## Program Guidelines

To apply for this grant food banks must:

* Be a member of the FBA in good standing;
* Participate in the annual national HungerCount;
* Not received this grant in the last 24 months;
* Complied with reporting on any and all grants received from the FBA;

Priority will be given to food banks which:

* Have not received funds from the Fresh Food Fund;
* Serve a community with a population of **50,000** or less;
* Are located more than 100 km from Edmonton or Calgary.

## Funding

The funds in this program are available in 3 grant levels:

* $1,000
* $2,500
* $5,000

## Eligible Costs

* Matching grants, food safety, equipment purchases, repairs, and/or maintenance, training, food purchases and infrastructure improvements.

## Ineligible Costs

* Purchase of items which have already been covered under another subsidy program.

## Reporting

Proof of expenditures must be received, in the form of legitimate receipts, by the FBA office within 30 days of project completion or 1 fiscal year of receipt of grant. Failure to provide proof of expenditures via legitimate receipt will result in an inability to secure further funding or food from any FBA programs. Reporting is the responsibility of the applicant and while a reminder for reporting may be sent by the FBA office it is not the responsibility of the FBA to ensure these reports are received.

**Applications for the program may be submitted at any time.**

*Please return the completed application form and all required documents**to:*

**Alison Richards**

Communications and Office Associate

**By Email:** [contact@foodbanksalberta.ca](mailto:contact@foodbanksalberta.ca)

**By Fax:** (780) 459-6347

**By Mail:** 30-50 Bellerose Drive, St. Albert, AB T8N 3L5

Should you have any questions or concerns please do not hesitate to contact the office at (780) 459-4598 ext. 1.

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| --- |
| $ XXXX.XX |
| Amount Requested\* |

# Application Form

|  |
| --- |
| Enter food bank name |
| Food Bank Name\* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Please select all items applicable to your food bank. | | | | | | |
|  | We are a member in good standing with FBA | | | | | |
|  | We have participated in the last HungerCount | | | | | |
|  | We serve a community population of 50,000 or less | | | | | |
|  | We have not received this grant in the last 24 months | | | | | |
|  | We have received Fresh Food funding. If so, what year? | | | YYYY | | |
| 1. What will the funds be used for (select all that apply)? | | | | | | |
|  | Food safety |  | Food purchasing | |  | Equipment |
|  | Training |  | Fund matching (please explain in the space provided below) | | | |
| Describe fund matching here if applicable | | | | | | |
| 1. Please attach a description of this project. 2. Have you applied to Food Banks Canada for any of the following programs (select all that apply)? | | | | | | |
|  | Capacity Boost Grant | | | | | |
|  | Innovation Grant | | | | | |
|  | Kitchen Creations Fund | | | | | |
|  | Rural Support Program | | | | | |
| 1. Please **attach all receipts** to verify these expense amounts are eligible and accurate. | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| I hereby certify that all of the funds requested will only be used for the project described above and will not be reimbursed in whole from other sources. | | | | | |
| Enter your first and last name | |  | Enter your phone number | | |
| NAME\* | |  | Phone\* | | |
| Month DD, YYYY | |  | Enter your email address | | |
| Date\* | |  | EMAIL\* | | |
| Food Banks Alberta Office Use Only | | | | | | | |
|  | | Member in good standing with all necessary documents on file | | |  | HungerCount from previous year is on file | |
|  | | Has provided reporting on previous grants/program applications with FBA | | |  | Proof of matched funding applications | |
|  | | Has not received this grant in the last 24 months | | |  |  | |