

PROGRAM GUIDELINES

The Bulk Food Purchase Subsidy Program provides a reimbursement for costs incurred by food banks to purchase higher demand non-perishable staples (canned fruit, meat, fish and vegetables, soup, beans, baby food, pasta) or perishable food items (dairy, eggs, protein, fresh produce, frozen products). This fund supports current Food Banks Alberta members.

PROGRAM GUIDELINES

The funds currently available in this program are \$10,000. Program funds will be allocated according to food bank size:

- Food banks located in a community of less than 25,000 people are eligible to apply for one reimbursement of up to \$500. Subsidies available: 20

ELIGIBLE COSTS

- Purchase of higher demand non-perishable staples (canned meat, fish and vegetables, beans, baby-food, pasta).
- Purchase of perishable food items (dairy, eggs, protein, fresh produce, frozen products).

INELIGIBLE COSTS

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

Timelines: Grant will cover costs from January 1 to December 31, 2018
Application Deadline: Applications for the 2018 program are due on January 31, 2019
Disbursement: Before February 28, 2019

*Please return the completed application form and all required documents **by January 31, 2019**:*

Alison Richards
Communications and Office Associate
By Email: 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.

APPLICATION FORM

AMOUNT REQUESTED*

FOOD BANK NAME*

1. Please select all applicable criteria from below options.

- We are a food bank located in a community with a population of less than 25,000
- We are a food bank located less than 100 km from the province's two major urban centres
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2. Explain what this funding has enabled you to purchase (quantities of items, what types of food)?

3. What other sources of funding do you receive to cover food purchases?

SOURCE OF FUNDING	AMOUNT
	\$
	\$
	\$

4. Please attach all receipts to verify these expense amounts are eligible and accurate.

I hereby certify that all expenses being claimed were incurred for food purchases in support of the applicant food bank and were not reimbursed in whole from other sources.

NAME*

PHONE*

SIGNATURE*

EMAIL*

DATE SIGNED*