

APPLICATION PACKET
STATE FOOD PURCHASE PROGRAM

Mifflin County

Fiscal Year 2024-25

APPLICATION

Please use the following guidance as you write your request for consideration for funds under the State Food Purchase Program FY 2024-25. Complete application and submit to mstewart@mifflincountypa.gov or mail to: Mifflin-Juniata Human Services Dept., Attn: SFPP, 20 N. Wayne St. Lewistown, PA 17044. **APPLICATIONS MUST BE RECEIVED IN THE HS OFFICE BY NO LATER THAN noon on June , 7, 2024. Incomplete or late proposals will not be processed or returned.**

COVER SHEET

Please complete the application (attached) in its entirety. The responsible person for the program (Director/Administrator) must sign the Application Cover Sheet in acknowledgement of compliance with program criteria and guidelines.

PLEASE PROVIDE THE FOLLOWING INFORMATION

Program Description

Please describe your emergency food distribution program. Include the location of the program (if different from coversheet address), your hours of operation, the number of households and/or individuals that you serve, volunteer support, paid staff, etc. Please also include information about your collaborative partnerships in the community. Describe how you plan to coordinate services with other funded agencies (SFPP recipients must assure there is NO duplication of customers).

Please describe your program's source(s) of income. Include community support, grant support, fundraising activities, etc.

Statement of Need

Specifically outline your program's financial needs, including how receipt of these special funds will enhance or provide the opportunity to expand services provided by your emergency food distribution program.

Statement of Program Sustainability

If funding from the SFPP were not available, what measures would your program implement in an effort to continue and sustain your emergency food distribution effort.

ATTACHMENTS (only one copy of these is needed. Include with original)

- A. A copy of your agency's 501(c) 3 IRS designation letter (only if status has changed from last application)
- B. Minimum of 3 letters of support from constituents or community partners
- C. List of organization's governing body including name, address, and phone numbers
- D. If available, please provide any brochures, pamphlets, or additional information about your