



Family Investment Administration (FIA)  
 Office of Nutrition Assistance Programs  
 311 West Saratoga Street, Room 218  
 Baltimore, Maryland 21201  
 (410) 767-7412

FY 25 SNAEP Requested: \$ \_\_\_\_\_

**Statewide Nutrition Assistance Equipment Program (SNAEP)  
 Fiscal Year 2025 Grant Application  
 (August 1, 2024 - June 30, 2025)**

**DEADLINE: Tuesday, April 30, 2024 at 5:00 p.m.**

**Instructions:** Please carefully review the Statewide Nutrition Assistance Equipment Program (SNAEP) Funding Guidelines *before completing the application*. If your organization seeks funding for multiple program locations you must submit a separate application for each program. **Applicants must provide documentation establishing that the grantee has obtained matching resources or a commitment for matching resources that equals at least 50% of the grant amount. The matching resources may be in the form of cash or an in-kind equivalent.**

Section I - Provider Information			
Name of Organization:			
Jurisdiction:			
Location of Equipment:			
EIN#:			
Street Address:			
City:	State:	Zip Code:	County/Baltimore City:

<b>Mailing Address:</b>			<b>c/o</b>
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>County/Baltimore City:</b>
<b>Organization Director:</b>	<b>Direct Phone Number:</b>		<b>Email Address:</b>
<b>Primary Contact:</b>	<b>Direct Phone Number:</b>		<b>Email Address:</b>

<b>Section II -Service Type</b>			
<b>Please check the appropriate boxes to indicate the type of services provided by your organization.</b>			
<b>Shelter Food Bank</b>	<b>Senior Feeding Residential</b>	<b>Pantry Other</b>	<b>Soup Kitchen Adult Daycare</b>

<b>Section III - Service Location Details</b>
<b>Please provide the days and hours of operation at the requesting facility.</b>
<b>Please describe the services provided at this facility.</b>

**Section III - Service Location Details (continued)**

**Please describe your target population (i.e. immigrants, women and children, returning citizens, individuals experiencing homelessness, seniors, children, etc.)**

**Section IV - Grant Use**

**Does your organization ever provide food or serve meals for which there is a cost to the individual or family? If so, how will you ensure that SNAEP grant-funded equipment purchases are kept separate and used only to provide meals and/or groceries at no cost to individuals and families in need?**

**Section IV - Grant Use *(continued)***

**How will your SNAEP equipment be secured against theft and misuse?**

**How will this new equipment enable your program to assist vulnerable/needy individuals in the community? Please justify the need for the requested equipment. (You may attach an additional page if needed to adequately answer this question.)**

**Section IV - Grant Use (continued)**

Please identify the estimated number of individuals and families that is served annually by your program.

Please indicate the number of grocery bags and/or meals provided annually by your program.

**Section V- Financial Information and Program Resources**

Use the following chart to document all grants, donations, fundraising and other funding for your program **DO NOT INCLUDE YOUR SNAEP REQUEST AS A CURRENT RESOURCE**. If there is not sufficient space below for your information, please include this information on a separate page.

Type	Supplier/Grantor	Amount
Federal Government		
State Government		
Local Government		
Foundation and Private Grant		
Donations from individuals		
Other Funding		
Donated Food (Value)		
<b>Total Annual Resources</b>		

**MATCH REQUIREMENT:** Applicants must provide documentation establishing that the grantee has obtained matching resources or a commitment for matching resources that equals at least 50% of the requested grant amount. The matching resources may be in the form of cash or an in-kind equivalent acceptable to the Department.

**Example:** If you plan to purchase equipment for \$12,000 (including installation, delivery, and other fees), you may apply for \$8,000 in SNAEP grant and indicate on the application you have a matching source to cover at least 50% of the grant amount (\$4,000). The \$4,000 match may be in the form of cash or in-kind (i.e. if you have a volunteer who will transport and install the equipment, the value of their time can be considered an in-kind contribution).

**Section VI - Expenses/Estimates**

Type	Quantity	Cost	Other Expenses	Total Cost (Cost + Other Expenses)	Amount Requested	Cash / In-Kind Amount Committed	Number of Estimates
Refrigerator							
Stove/Range/Oven							
Shelving/Storage							
Cookware/Utensils							
Other:							
Other:							
<b>Total:</b>							

<b>Required # of Official Estimates (Per Item Type)</b>	
<u>Total Cost</u>	<u># of Estimates</u>
\$1.00- \$5,000	One Estimate
\$5,001-\$15,000	Two Estimates
\$15,001 and over	Three Estimates

## Section VII-Check List and Verification of Accuracy

**Before signing this Fiscal Year 2025 Statewide Nutrition Assistance Equipment Program (SNAEP) application, please read each line and attest that the following statements are accurate:**

- I have reviewed the Statewide Nutrition Assistance Equipment Program (SNAEP) Information and Guidelines before completing this application and have followed all instructions.
- I have included the required number of estimates for the equipment I want to purchase using SNAEP funds.
- I have provided documentation to certify my program's required match (cash or in-kind).
- I have included a recent (five years old or less) copy of my organization's tax-exempt organization designation form issued by the U.S. Internal Revenue Service or a currently active EIN number. If my program/organization is designated as a subordinate in a group 501 (c) (3) ruling provided to my parent organization, I have included a signed official statement from the parent organization verifying my program/organization's inclusion in this ruling.
- I understand that I may be asked to verify the information provided in this application during an unannounced or scheduled site visit conducted by the Office of Nutrition Assistance Program during Fiscal Year 2025.
- By accepting SNAEP funding, I agree to submit receipts by the date listed in my FY 25 SNAEP award notification letter.
- I have made a copy of my SNAEP application packet for my files.
- I will submit my application electronically through the FY 2025 SNAEP Application Submission Form no later than 5:00 p.m. on Tuesday, April 30, 2024. I understand that late submissions will not be accepted and applications can only be submitted by the Application Submission form.

**Section VIII – Provider Statement**

I certify that the information provided above is accurate and correct. I understand that failure to provide an accurate representation of my program and/or the requested documentation may result in significant penalties, up to and including removal of my organization from consideration for SNAEP funding.

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Program Director

**For DHS Use Only**

**Date Stamp:**

FIA/BSG Reviewer:

\_\_\_\_\_

Date: \_\_\_\_\_