



## REQUEST FOR PROPOSALS APPLICATION FORM:

Providing Healthy, Locally Sourced Emergency Meals To Food Insecure Communities In  
Suburban Cook County

*This PDF is provided to applicants as a reference. To apply, [please complete the online application here](#). Questions? Email [info@chicagofoodpolicy.com](mailto:info@chicagofoodpolicy.com).*

### I. Applicant information

First Name:

Last Name:

Title:

Organization/Business:

Organization/Business Mailing Address:

Organization/Business City:

Organization/Business Zip Code:

Email:

Phone #:

### 2. How did you hear about this funding opportunity?

- Social media
- Through a colleague/friend
- Via listserv
- Other:

### 3. What type of organization/business do you identify with? Please check all that apply.

- Farmer or food grower
- Caterer
- Restaurant
- Food service provider
- Social enterprise
- Non-profit
- Cooperatively-run food project



- Mutual aid program
- Other:

**4. Please check all of the ownership demographics that apply to your organization/business.**

*If your organization is a non-profit, please share the demographic information for your Board & Executive Leadership.*

- Asian or Asian American
- Black or African American
- Latino/a, Latinx, Latine or Hispanic
- Middle Eastern or North African
- Native American, American Indian, Alaska Native, Indigenous or First Nation
- Native Hawaiian or Other Pacific Islander
- White
- Lesbian, Gay, Bisexual, Transgender, and/or Queer (LGBTQ)-owned
- Person with Disability
- Veteran-owned
- Woman-owned

*Note: Local farms, food businesses, & organizations that are owned/controlled and operated by Black, Indigenous, Latinx, and People of Color will be prioritized for this funding. Prioritization will also consider whether a business is owned/controlled by a woman, veteran, LGBTQ, and/or a person living with disabilities.*

**5. Does your organization/business currently have a Minority, Woman, Veteran, and/or Person with Disabilities (MBE/WBE/VBE/SDVBE/PDBE) Business Certification with the City of Chicago, Cook County, or State of IL?**

*Your answer to this question will not affect the scoring of your application.*

- Yes
- No



**6. Please provide a short description of your organization/business. If you have a mission/vision statement, please include it here. (250 words max)**

**7. Are you a formally incorporated organization?**

*To be eligible for this funding, fiscal sponsors are required for mutual aid projects that are not legally incorporated as a business or non-profit themselves.*

- Yes
- No

**8. If no: If you are an unincorporated mutual aid program without 501(c)3 status, please enter the name of the fiscal agent that will be sponsoring your application:**

- Fiscal Sponsor Organization:
- Name of Point of Contact:
- Point of Contact Email:
- Point of Contact Phone:

**9. Please briefly describe how your organization/business is aligned with the [Cook County Good Food Purchasing Policy's \(GFPP\)](#) goals to foster a more transparent and accountable food system that equitably produces and provides access to healthy, fair, sustainable, humane, and local food. (500 max)**

**10. Please describe your organization/business's previous or current experience with providing emergency food or meals to Suburban Cook County residents. (500 words max).**

*Please share information on how many meals you've provided and the community partners that you've worked with on food distribution, if applicable.*

**11. Please describe how your organization/business plans to provide emergency food or meals to Suburban Cook County residents between now and the end of May 2023 (750 words max):**

*Please specify:*



- *What kind of food/meals will you be providing? Ex: CSA boxes, grocery bags, VeggieRx boxes, prepared meals, etc.*
- *How many meals do you anticipate providing between August 2022 and May 2023?*
- *How do you plan to provide educational materials on food and nutrition to meal recipients?*
- *How will you be distributing food to recipients? Are you partnering with a community partner to support distribution?*

**12. Do you currently (or plan to) serve residents in any of the following neighborhoods that have been affected hardest by COVID-19? Please check all that apply, or select “All neighborhoods” if applicable.**

- **\*\*All neighborhoods\*\***
- Berwyn
- Blue Island
- Bridgeview
- Burnham
- Calumet City
- Calumet Park
- Chicago Heights
- Chicago Ridge
- Cicero
- Dixmoor, Dolton
- East Hazel Crest
- Ford Heights
- Hanover Park
- Harvey
- Hodgkins
- Justice
- Lynwood
- Markham
- Maywood
- Melrose Park



- Merrionette Park
- Northlake
- Phoenix
- Posen
- Richton Park
- Riverdale
- Robbins
- Sauk Village
- South Chicago Heights
- South Holland
- Stone Park
- Summit
- Thorton
- University Park
- Other: [Share name here]

*If “Other” is selected above, please provide an overview of the other communities you plan to reach and why.*

**13. How will this funding help sustain and grow your operation? (500 max)**

**14. All microgrant recipients will be required to participate in at least 3 group meetings and 5 hours of 1:1 technical assistance on business planning as a part of the grant funding. Please share the name of the staff person who will serve as your point of contact for technical assistance:**

- Name:
- Role:
- Email:

**15. What types of technical assistance would your business/organization be interested in receiving as a part of this grant opportunity? Please check all that apply.**

- Information about Minority Business Enterprise Certification



Cook County DEPT. of  
Public Health



- Business Planning for New Markets
- Capital/Loan Fundraising
- Nutrition Education Materials
- Staff/Project Management
- Cooperatively-Run Business Development
- Increasing the purchase and use of local, sustainable, healthy, humane, and fair food products
- Other:

**16. Do you have an existing partnership(s) with a community organization for food/meal distribution that you plan to leverage for this project?**

- Yes
- No

*If you answer “no”, the Cook County Department of Public Health and Chicago Food Policy Action Council will be supporting awarded applicants with building relationships with community partners where appropriate.*

**17. If you answered “yes”, please share the contact information for the community organization(s) you work with on food/meal distribution currently.**

*This could include (but is not limited to) churches, food pantries, mutual aid organizations, non-profit community organizations, senior living facilities, etc.). There is space for you to add up to two partners below.*

- Name of contact person
- Title/Role:
- Organization Name:
- Email:
- Website (optional):

**18. Budget & Budget Justification**

- [BUDGET Template Download](#)
- **Application form will allow applicants to upload spreadsheet here.**

**19. Is there anything else about your organization, business, or project that you would like to share with us?**





Thank you so much for taking the time to apply for this funding opportunity. The Cook County Good Food Task Force's Evaluation Committee will be reviewing applications in late July and is aiming to follow up with all applicants before August 1st, 2022. If you have any questions about your application, please contact [info@chicagofoodpolicy.com](mailto:info@chicagofoodpolicy.com).

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