***Network Support Fund
Small Equipment Grant Request Form***

Small equipment grants can be used for one piece of large equipment (e.g. commercial refrigerator or freezer) – **up to $5,000**, or any combination of equipment (refrigerators, freezers, shelving, carts, etc.) – **up to $2000**. Regional Food Bank Staff must submit this form on behalf of Partner Agencies to Oregon Food Bank Statewide Network Team. Requests must have at least a 10% match for the amount requested from OFB, either from the Partner Agency, Regional Food Bank, other donor, or total from some combination of support. Awards are considered on a rolling basis. **These funds are not to reimburse organizations for items they have already purchased.**

**Requesting Agency:** Click here to enter text. **Date:** Click here to enter text.

**Agency Contact (for Grant purposes):** Click here to enter text.

**Agency Email Address:** Click here to enter text.

**Agency Billing Address:** Click here to enter text.

**Purpose of the Request (what would you like to purchase? How will it help your agency?):** Click here to enter text.

**This equipment will** (please check one box)**:**

[ ]  Increase agency capacity *or* [ ]  Maintain agency capacity

**What is your agency’s annual budget?** $Click here to enter text.

**Budget for this request** (please fill in the column labeled “Dollar ($) Amount”)

|  |  |
| --- | --- |
|  | **Dollar ($) Amount** |
| Network Support Fund Request | Click here to enter text. |
| Match from Agency | Click here to enter text. |
| Match from Regional Food Bank | Click here to enter text. |
| **Total Cost (add up the first three line items)\*** | Click here to enter text. |

\*Please double-check that the Total Cost matches the quote(s) for the items to be purchased.

*Please provide a quote or screenshot of item(s) to be purchased.*

***RFB Staff use only***

**Service Category:** Click here to enter text. **Start date with OFB Network:** Click here to enter text.

**RFB:** Click here to enter text. **RFB staff submitting:** Click here to enter text.

**Narrative of support from RFB:** Click here to enter text.

**RFB Staff please check the following requirements:**

[ ]  Agency picks up food from RFB at least once a month

[ ]  Pantries and Meal Sites must serve more than 20 clients a month (on average over past 6 months); others considered on a case-by-case basis

[ ]  Requested equipment has not been purchased yet

[ ]  Monthly Service & Poundage Reports are up to date

[ ]  Fiscal accounts are up to date

[ ]  10% match (at minimum)

[ ]  Total Cost above matches the quote(s) for items to be purchased