



# Food Security Grant Application SFY24

Application period: **June 3 – 19, 2024, 4:30 p.m.**

Via email to [caa@alaska.gov](mailto:caa@alaska.gov)

Mailing Address:

Department of Commerce, Community, and Economic Development  
Division of Community and Regional Affairs  
550 W. 7<sup>th</sup> Ave., Suite 1650  
Anchorage, AK 99501

Fax: 907-269-4563

*Applications must be post-marked by June 19, 2024. Funds will be distributed based on funding availability.*

## A. Applicant Information

Organization Name:	
Mailing Address:	
Contact Name, Title:	
Phone Number:	
Email Address:	
Amount Requested:	\$

## B. Applicant Type

- Food Bank/Food Pantry
- Nonprofit or Corporation
- Borough or Municipality
- Federally Recognized Tribe
- Housing Authority

Eligible Applicants must have an active Alaska Business License. Please attach a copy of the business license to this application.

Tribal Entities must wave sovereign immunity to receive grant funding. A sample resolution is included in this application packet for your use.

**C. Project Proposal (40 points)**

Community(ies) food will be distributed in: (list all)

a) Describe how food will be distributed and stored prior to distribution. Maximum 500 characters including spaces or approximately one to two paragraphs. (20 points)

b) Provide a list of the types of food you plan to purchase. You may also submit an order form from a vendor listing out the types of food. (5 points)

c) Describe distribution procedures. Include a schedule of locations and dates. (15 points)

**D. Budget**

Provide a budget using the template below and a budget narrative describing how funds will be used for each budget category. There is a 2% maximum for Grant Administration. See eligible costs defined in the Notice of Funding Availability.

\*Please indicate if any portion of your budget will be donated in-kind.

<b>Cost Category</b>	<b>Amount</b>
Grant Administration	\$
Program Costs:	
Bulk Food Purchase	\$
Shipping	\$
<b>TOTAL:</b>	<b>\$</b>

**Budget Narrative: (Max. 500 characters)**

**E. Certifications and Attachments** *(required)*

Complete applications will be considered when all required certifications are signed, and attachments are included and received.

Include the following attachments with your application:

- State of Alaska Substitute W-9 Form (You do not need to submit this if you already have a vendor number with the State of Alaska)

- State of Alaska Vendor Electronic Payment Agreement Form (You do not need to submit this if you already have direct deposit set up with the State of Alaska)
- Signed Food Security Grant Program Statement of Certifications and Assurances
- DCRA Signatory Authority Form
- Signed Sovereign Immunity Resolution (Tribal Entities)
- Copy of State of Alaska Business License

**F. Miscellaneous Attachments**

If you have any Alaska Department of Environmental Conservation permits for Safe Food Handling, or municipal permits for safe food handling, include with your application and provide your permit # \_\_\_\_\_.

Authorized Representative certifies that:

- 1)  Has read the NOFA.
- 2)  You qualify for the grant and are an eligible entity.
- 3)  Your organization has not been disbarred or received notice of disbarment proceedings.
- 4)  All information in the application and any and all attachments are true and correct to the best of your knowledge, information, and belief.

\_\_\_\_\_  
**Name of Authorized Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Authorized Representative**

# STATE OF ALASKA

## ELECTRONIC PAYMENT AGREEMENT

**Mail completed form to:**  
 DEPT OF ADMINISTRATION / DIV OF FINANCE  
 PO BOX 110204 / JUNEAU AK 99811-0204  
 or FAX to: (907) 465-2169  
 Questions? Call (907) 465-5555 or [Email](#).

\* Indicates required field.

### FOR VENDORS DOING BUSINESS WITH THE STATE OF ALASKA

**A voided check or other banking documentation MUST be attached with this agreement to verify your banking information. Failure to provide documentation will result in your form not being processed.**

#### PAYEE INFORMATION

The State of Alaska Vendor Help Desk will contact the vendor to verify form submission and ask questions to verify the vendor's identity prior to processing this form. Failure to verify will result in the form not being processed.

STATE OF ALASKA VENDOR NUMBER		TAXPAYER ID - SSN / EIN *		<i>ID number assigned to the legal name below and used for tax reporting</i>	
LEGAL NAME * <i>(Name that Tax ID above is assigned to and is used for tax reporting)</i>					
BUSINESS NAME <i>(DBA - Doing Business As Name. If different from legal name shown above)</i>					
IS MAILING ADDRESS NEW? *	YES / NO	MAILING ADDRESS *	CITY	STATE	ZIP CODE + 4
CONTACT NAME		DAYTIME PHONE *	CONTACT EMAIL ADDRESS	EMAIL ADDRESS <i>for copies of remit advice</i>	

#### BANKING INFORMATION

The State of Alaska sends a pre-note zero dollar test transaction to verify the accuracy of the banking information below. Payments will not be sent electronically until the pre-note process is complete, generally five business days. The State of Alaska will contact you if the pre-note fails.

ARE YOU <b>ADDING,</b> <b>CHANGING</b> <i>(must provide OLD acct info)</i> <b>OR CANCELLING THIS AGREEMENT?</b> *					
NEW ACCOUNT INFORMATION *			OLD ACCOUNT INFORMATION or ACCOUNT INFORMATION that needs to be canceled		
FINANCIAL INSTITUTION NAME		ACCOUNT TYPE Checking Savings	For verification purposes, you must provide your old accounting information if requesting a change, or the account information you want to cancel.		
ACCOUNT NAME <i>(Business / Legal Name on Account)</i>			FINANCIAL INSTITUTION NAME		
ABA/ROUTING TRANSIT NUMBER	FULL ACCOUNT NUMBER	ABA/ROUTING TRANSIT NUM	FULL ACCOUNT NUMBER		
IS THIS ACCOUNT PRIMARILY A PERSONAL OR BUSINESS ACCOUNT? * PERSONAL - OR - BUSINESS					
FOR BUSINESS ACCOUNTS. Choose ONE of the business account addenda information format options below.					
Payments deposited separately with one addendum (remittance) record for each payment.			Payments combined into one deposit with multiple addenda (remittance) records for each payment in the deposit.		
NACHA Operating Rules requires your banking institution to provide you with addenda (remittance) information that the State includes on each payment. Any banking charge to receive this information is the responsibility of the account holder.					

#### AGREEMENT AND AUTHORIZATION

I hereby authorize the State of Alaska to satisfy payment obligations due me by making deposits to the account indicated above. I understand that receipt of the electronic fund transfer(s) will fulfill the State's payment obligation and the State will be credited for the full amount on the date the fund transfer is completed. I understand the State will make a reasonable effort to notify me within 24 hours if a reversing entry is made against this account. This authority is to remain in full force through the duration of this agreement. I understand that thirty (30) days written notice is required if I change financial institutions, account numbers or type of account.

In addition, as required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order with my receiving bank to forward the full direct deposit to a bank in another country, I will inform the State of Alaska immediately.

I certify all information regarding this authorization is true and correct. Any intent to falsify information is punishable under AS 11.56.210 as a class A misdemeanor.

If the State discovers that the full amount of a direct deposit has been forwarded to another country or if information on the form has been falsified, this agreement shall be terminated. All correspondence with the State concerning this agreement or any changes to account information should be sent to the address at the top of this form. All terms remain in effect until this agreement is terminated by either party.

PRINTED NAME *	SIGNATURE *	DATE *
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State of Alaska  
 Department of Administration  
**Substitute Form W-9**

Questions? Email [DOA.DOF.Vendor.HelpDesk@alaska.gov](mailto:DOA.DOF.Vendor.HelpDesk@alaska.gov)

**RETURN COMPLETED FORM TO:**

Department of Administration  
 Division of Finance  
 P.O. Box 110204  
 Juneau, AK 99811-0204  
 Or FAX to: (907) 465-2169

**DO NOT send to IRS**

**Taxpayer Identification Number (TIN) Verification**

The Internal Revenue Service requires the State of Alaska to issue 1099 forms when payments to individuals, partnerships or limited liability companies for rents, services, prizes, and awards meet or exceed \$600.00 for the year. An IRS Form 1099 is not required when payments are specifically for merchandise or made to some types of corporations.

*Print or Type*

Please see attachment or reverse for complete instructions

<b>Legal Name</b> (as shown on your income tax return)	<b>State of Alaska Vendor Number</b> (if known)
<b>Business Name</b> (if different from above) (use if doing business as (DBA) or enter business name of Sole Proprietorship)	<b>Entity Designation</b> (check only one type)  Individual / Sole Proprietor Partnership General Corporation Medical Corporation Legal Corporation Limited Liability Company – Individual Limited Liability Company – Partnership Limited Liability Company – Corporation Government Entity Estate / Trust Organization Exempt from Tax - Nonprofit (under Section 501 (a)(b)(c)(d))
<b>Primary Address</b> (for 1099 form) PO Box or Number and Street, City, State, Zip + 4	
<b>Remit Address</b> (where payment should be mailed, if different from Primary Address) PO Box or Number and Street, City, State, Zip + 4	
	<b>Exemption</b> (See Instructions)  Exempt payee code (if any) Exemption from FATCA Reporting Code (if any)

**Taxpayer Identification Number (TIN) Provide Only One** (If sole proprietorship provide EIN, if applicable)

<b>Social Security Number (SSN)</b>	<b>Employer Identification Number (EIN)</b>
<b>If Change of Ownership or Entity Designation</b>	<b>Date of Change:</b>
<b>Previous Owner / Business Name</b>	<b>Previous Taxpayer Identification Number (TIN)</b>

**Certification**

*The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, **AND**
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **AND**
3. I am a U.S. person (including a U.S. resident alien), **AND**
4. The FATCA code(s) entered on this form (if any) indicating I am exempt from FATCA reporting is correct.

<b>Printed Name</b>	<b>Printed Title</b>	<b>Telephone Number</b>
<b>Signature</b>	<b>Date</b>	<b>Email Address</b>

# Instructions for Completing Taxpayer Identification Number (TIN) Verification (Substitute W-9) -- Page 1

## Legal Name

*As registered with the Internal Revenue Service (IRS)*

- Individuals: Enter First Name MI Last Name
- Sole Proprietorships: Enter First Name MI Last Name
- LLC Single Owner: Enter owner's First Name MI Last Name
- All Others: Enter Legal Name of Business

## Business Name

- Individuals: Leave blank
- Sole Proprietorships: Enter Business Name
- LLC Single Owner: Enter LLC Business Name
- All Others: Complete only if doing business as a DBA

## Primary Address

Address where 1099 tax form should be mailed.

## Remit Address

Address where payment should be mailed. Complete only if different from primary address.

## State of Alaska Vendor Number

Your vendor number is an eight character alphanumeric code assigned to your company in the State of Alaska's accounting system. You may contact us at the email address listed on the form if you do not know your vendor number.

## Entity Designation

Check *ONE* box which describes the type of business entity.

## Taxpayer Identification Number

**LIST ONLY ONE:** Social Security Number OR Employer Identification Number. See **"What Name and Number to Give the Requester"** at right.

If you do not have a TIN, apply for one immediately. Individuals use federal form SS-05 which can be obtained from the Social Security Administration. Businesses and all other entities use federal form SS-04 which can be obtained from the Internal Revenue Service.

## Change of Ownership or Entity Designation

This information is requested to allow taxable income to be reported correctly for both the new and old entities.

## Certification

You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to furnish your correct TIN to persons who must file information

returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 24% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.

### **What Name and Number to Give the Requester**

<b>For this type of account:</b>	<b>Give name and SSN of:</b>
Individual	The individual
Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
Sole proprietorship or Single-Owner LLC	The owner <sup>1</sup>
<b>For this type of account:</b>	<b>Give name and EIN of:</b>
Sole Proprietorship or Single-Owner LLC	The owner <sup>3</sup>
A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
Corporation or LLC electing corporate status on Form 8832	The corporation
Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
Partnership or multi-member LLC	The partnership
A broker or registered nominee	The broker or nominee
Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> **You must show your individual name**, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

# Instructions for Completing Taxpayer Identification Number (TIN) Verification (Substitute W-9) -- Page 2

## Exemptions

If you are exempt from backup withholding and/or Foreign Account Tax Compliance Act (FATCA) reporting, enter in the Exemptions box any code(s) that may apply to you. See **Exempt payee code** and **Exemption from FATCA reporting code** below.

### Exempt payee code

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
2. The United States or any of its agencies or instrumentalities
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities
5. A corporation
6. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
7. A futures commission merchant registered with the Commodity Futures Trading Commission
8. A real estate investment trust
9. An entity registered at all times during the tax year under the Investment Company Act of 1940
10. A common trust fund operated by a bank under section 584(a)
11. A financial institution
12. A middleman known in the investment community as a nominee or custodian
13. A trust exempt from tax under section 664 or described in section 4947

### Exemption from FATCA reporting code

The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A. An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B. The United States or any of its agencies or instrumentalities
- C. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D. A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E. A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F. A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G. A real estate investment trust
- H. A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I. A common trust fund as defined in section 584(a)
- J. A bank as defined in section 581
- K. A broker
- L. A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M. A tax exempt trust under a section 403(b) plan or section 457(g) plan



# DCRA Food Security Grant Program SFY24

## Statement of Assurances and Certifications

### State and Federal Grant Assurances

By submitting a grant application, an applicant accepts all terms and conditions for the Notice of Funding Availability (NOFA), the Grant Agreement, all attachments identified therein (“Grant Documents”), and any other applicable statutes and regulations for both State and Federal. If a grant is awarded, the grantee agrees to be bound by these assurances and all Grant Documents. The applicant shall comply with the following:

1. The corporation/organization has a current State of Alaska Business License in the State of Alaska and is in “Good Standing” in the Corporations, Business, and Professional Licensing Record.
2. The corporation/organization will immediately report any foodborne illnesses to the Alaska Department of Environmental Conservation (DEC) hotline at 907-764-9825.
3. The corporation/organization attests to understanding that not reporting foodborne illness to the Alaska Department of Environmental Conservation may result in the exercise of statutory authority granted to DEC. AS 17.20.350, AS 17.20.360, AS 17.20.365.
4. Compliance with AS 18.80.210, 18.80.220, and 18.80.230 and other federal and state laws and regulations preventing discriminatory employment practices.
5. The corporation/organization will ensure that grant funds will not be used for lobbying or fund raising or any other costs prohibited by law or by the terms of the grant agreement and that;
6. Any publications, printed materials, or electronic media developed under the grant will give credit to the Department of Commerce, Community, and Economic Development, Division of Community and Regional Affairs and that any materials and media developed, or property purchased with grant funds are the property of the State of Alaska, unless otherwise agreed to by both parties in the terms of the grant agreement.
7. The corporation/organization attests that facilities proposed for delivery of services meet current fire code, safety, and Americans with Disabilities Act (ADA) standards and are located where clients of the program services have reasonable and safe access.
8. Compliance with Occupational, Safety and Health Administration (OSHA) regulations requiring protection of employees from blood borne pathogens and that the U.S. Department of Labor must be contacted directly with any questions.
9. Grantee certifies that it has read [Food Bank of Alaska’s Food Safety Manual](#) and will make every effort to comply with the entirety of the Food Safety Manual’s guidance for best practices when handling and distributing food.
10. Grantee certifies that it will make every effort to comply with U.S. Department of Health and Social Services [foodsafety.gov](https://www.foodsafety.gov) website “Keep Food Safe” guidance. More information can be found here: <https://www.foodsafety.gov/keep-food-safe>.
11. Grantee certifies that it will make every effort to comply with the Centers for Disease Control “Food Safety Guidance” posted on their website here: <https://www.cdc.gov/foodsafety/>.

12. Grantee certifies it will make every effort to comply with the Department of Environmental Conservation, Division of Environmental Health Food Safety and Sanitation Program guidance and the Alaska Administrative Code [18 AAC 31](#).

**Assurances and Certification:**

The corporation/organization certifies that I have read and will comply with the above grant requirements.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

# FOOD SECURITY GRANT SIGNATORY AUTHORITY FORM

Department of Commerce, Community, and Economic Development, Division of Community and Regional Affairs

Please clearly print, submit ORIGINAL form, and submit an updated form annually or whenever changes are made to the information below.

<b>Grantee Name:</b>	<b>Date:</b>
<b>Regular Election Held (if applicable):</b>	<b>Telephone Number:</b>
<b>Grantee Contact Name:</b>	<b>Fax Number:</b>
<b>Address:</b>	<b>E-mail Address:</b>
<b>City, State, Zip Code:</b>	<b>Federal Tax ID #:</b>
<b>Indicate reporting frequency:</b> <input type="checkbox"/> Monthly Reporting <input type="checkbox"/> Quarterly Reporting	

Use this section to designate individuals other than the Chief Administrator to sign the following documents:

Grant Agreements and Amendments:	Financial/Progress Reports and Advance Requests:
<b>Printed Name:</b>	<b>Printed Name:</b>
<b>Title:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Printed Name:</b>	<b>Printed Name:</b>
<b>Title:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Signature:</b>

This signatory authority is conveyed by \_\_\_\_\_, the Chief  
(Name)

Administrator of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(Grantee Name)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name/Title**

**WAIVER OF SOVEREIGN IMMUNITY FOR TRIBAL ENTITIES**  
**RESOLUTION NO. \_\_\_\_\_**

WHEREAS, the \_\_\_\_\_ (Name of Native village council) wishes to receive payment under the Department of Commerce, Community, and Economic Development Food Security Grant Program in State Fiscal Year 2024-2025; and

WHEREAS, 3 AAC 180.130 requires the entity's governing body to waive the entity's sovereign immunity from legal prosecution by the state with respect to claims arising out of activities related to the payment;

THEREFORE, BE IT RESOLVED THAT, the \_\_\_\_\_, (Name of Native village council) hereby irrevocably waives its sovereign immunity and consents to suit in Alaska State Courts or in a state administrative agency proceeding for any cause of action or claim (including any claim for allowable pre-judgment or post-judgment interest, costs and attorney fees) filed by the state arising out of or related to the payment, to enforcement of any court or agency order or judgment entered in such action or agency proceeding, and to levy and execution of any judgment entered in any such lawsuit or agency proceeding against all property and funds of the \_\_\_\_\_, (Name of Native village council) however held and wherever located, provided that such execution of judgment not exceed the program payment.

BE IT FURTHER RESOLVED THAT: \_\_\_\_\_ (Chief Administrative Officer, Chief, President) is hereby authorized to negotiate, execute, and administer any and all documents and contracts required for granting funds to the \_\_\_\_\_ (Name of Native village council) and managing funds on behalf of this entity, including any subsequent amendments to the payment agreement.

BE IT FURTHER RESOLVED THAT: This resolution shall remain in effect until the expiration of the statute of limitations on any cause of action or claim arising out of or related to the payment, including, but not limited to, any cause of action or claim related to a demand for reimbursement of program funds. Issues related to the statute of limitations shall be determined under the laws of the State of Alaska.

This resolution was adopted at a duly convened meeting of the \_\_\_\_\_ (Name of Native village council) on \_\_\_\_\_, 20\_\_\_\_ and complies with all current requirements necessary for the \_\_\_\_\_ (Name of Native village council) to validly and irrevocably waive its sovereign immunity.

IN WITNESS THERETO:

By: \_\_\_\_\_  
Signature Chief Administrative Officer Title

Attest: \_\_\_\_\_  
Signature Clerk or Secretary of Organization Title