



The ReFED COVID-19 Food Waste Solutions Fund: Grant Application

1. Important Information

In response to the impacts of COVID-19 on our food system – especially the increase in wasted food that could have gone to the growing number of people facing food insecurity – **ReFED** is working to leverage our expertise and extensive network at all stages of the food supply chain. We are collecting, analyzing, and sharing relevant data and insights; convening stakeholders to share best practices in our weekly webinars; and mobilizing capital to solution providers like you on the front lines.

To quickly get funds to those organizations that are able to rapidly scale their impact, we have launched the ReFED COVID-19 Food Waste Solutions Fund.

Knowing time is one of your most valuable resources right now, please include no more than 3-5 sentences per each written response question. Answering questions truthfully, clearly, and concisely will enable us to make quicker decisions about whether the Fund might support your COVID-19 food waste solution at this time. Please note that the information you submit will not be shared on an attributable, individual organization level, unless special permission is received. ReFED retains the right to share anonymized and aggregate figures and insights.

Please contact COVID-19solutionsfund@ReFED.com if you have any questions. We're looking forward to reviewing your application. Thanks for all the important work you do!



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2. Contact Information

Note: *All questions with an asterisk (*) are required. Please remember to click 'Save & Next' to save your progress before returning to any previous page.*

* 1. First Name

* 2. Last Name

* 3. Email Address

* 4. Job Title

* 5. Organization Name (Legal Name)

6. If your organization goes by a different name than your legal name, enter it here:



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3. Eligibility Questions

Applicants who respond "no" to any of the below eligibility questions are unfortunately ineligible at this time. Note: All questions with an asterisk (*) are required. Please remember to click 'Save & Next' to save your progress before returning to any previous page.

* 1. Are you applying on behalf of a social enterprise, benefit corporation, for-profit company, public-private partnership, 501(c)(3) non-profit organization, or fiscally-sponsored project headquartered and operating in the U.S.?

☐ Yes

☐ No

* 2. Does your solution support the mission of The ReFED COVID-19 Food Waste Solution Fund - helping prevent and/or rescue U.S. food waste by at least 250 tons of food or 417,000 meals in the next 90 days?

☐ Yes

☐ No

* 3. Is the current annual revenue or budget of your organization approximately \$500,000 or more?

☐ Yes

☐ No



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4. Organization Overview

Note: All questions with an asterisk (*) are required. Please remember to click 'Save & Next' to save your progress before returning to any previous page.

* 1. Organization website or LinkedIn URL

* 2. Define your organization type

- | | |
|--|--|
| <input type="radio"/> Social enterprise | <input type="radio"/> Public-Private partnership |
| <input type="radio"/> Benefit corporation | <input type="radio"/> 501(c)(3) nonprofit |
| <input type="radio"/> For-profit corporation | <input type="radio"/> Fiscally sponsored project |
| <input type="radio"/> Other (please specify) | |

* 3. Which year was your organization founded?

* 4. Headquarters Address (Line 1)

5. Headquarters Address (Line 2)

* 6. Headquarters City

* 7. Headquarters State

<input type="checkbox"/> AL	<input type="checkbox"/> MT
<input type="checkbox"/> AK	<input type="checkbox"/> NE
<input type="checkbox"/> AZ	<input type="checkbox"/> NV
<input type="checkbox"/> AR	<input type="checkbox"/> NH
<input type="checkbox"/> CA	<input type="checkbox"/> NJ
<input type="checkbox"/> CO	<input type="checkbox"/> NM
<input type="checkbox"/> CT	<input type="checkbox"/> NY
<input type="checkbox"/> DE	<input type="checkbox"/> NC
<input type="checkbox"/> DC	<input type="checkbox"/> ND
<input type="checkbox"/> FL	<input type="checkbox"/> OH
<input type="checkbox"/> GA	<input type="checkbox"/> OK
<input type="checkbox"/> HI	<input type="checkbox"/> OR
<input type="checkbox"/> ID	<input type="checkbox"/> PA
<input type="checkbox"/> IL	<input type="checkbox"/> RI
<input type="checkbox"/> IN	<input type="checkbox"/> SC
<input type="checkbox"/> IA	<input type="checkbox"/> SD
<input type="checkbox"/> KS	<input type="checkbox"/> TN
<input type="checkbox"/> KY	<input type="checkbox"/> TX
<input type="checkbox"/> LA	<input type="checkbox"/> UT
<input type="checkbox"/> ME	<input type="checkbox"/> VT
<input type="checkbox"/> MD	<input type="checkbox"/> VA
<input type="checkbox"/> MA	<input type="checkbox"/> WA
<input type="checkbox"/> MI	<input type="checkbox"/> WV
<input type="checkbox"/> MN	<input type="checkbox"/> WI
<input type="checkbox"/> MS	<input type="checkbox"/> WY
<input type="checkbox"/> MO	<input type="checkbox"/> N/A

* 8. Headquarters Zip Code

* 9. Please provide a brief description of your organization that you are comfortable with ReFED sharing publicly (i.e., your mission statement).

* 10. Please indicate all the states where your organization currently has operations.

- ☐ Nationwide

☐ AL

☐ AK

☐ AZ

☐ AR

☐ CA

☐ CO

☐ CT

☐ DE

☐ DC

☐ FL

☐ GA

☐ HI

☐ ID

☐ IL

☐ IN

☐ IA

☐ KS

☐ KY

☐ LA

☐ ME

☐ MD

☐ MA

☐ MI

☐ MN

☐ MS

☐ MO
- ☐ MT

☐ NE

☐ NV

☐ NH

☐ NJ

☐ NM

☐ NY

☐ NC

☐ ND

☐ OH

☐ OK

☐ OR

☐ PA

☐ RI

☐ SC

☐ SD

☐ TN

☐ TX

☐ UT

☐ VT

☐ VA

☐ WA

☐ WV

☐ WI

☐ WY

☐ N/A

* 11. How many full-time employees does your organization have?

* 12. How many part-time employees does your organization have?

13. How many unpaid volunteers does your organization have?

* 14. Please provide your organization's annual revenue or operating budget for the current fiscal year. Please enter in US Dollars (USD). Do not enter "\$" or commas.

* 15. Does your executive team have diverse leadership (i.e. race, gender, ethnicity, sexual orientation, and/or religion)?

☐ Yes

☐ No

16. If so, please explain.



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5. Solution Overview

In this section, please focus on answering all questions as they pertain to the COVID-19 food waste solution for which you are seeking support. Note: *All questions with an asterisk (*) are required. Please remember to click 'Save & Next' to save your progress before returning to any previous page.*

* 1. Provide a title for the COVID-19 food waste solution for which you are requesting funding. The title should be no longer than ten words and should not be the same as the legal name of your organization.

* 2. Provide a brief description of your COVID-19 food waste solution and the overall goal of the work for which you seek support. What specific programs and/or services does your organization provide to support the achievement of your mission and vision?

* 3. What food waste solution category best describes the COVID-19 food waste solution for which you are seeking support?

- ☐ Prevention: stopping food waste from occurring in the first place (e.g. on-farm food loss reduction, new sales channels)
- ☐ Recovery: redistributing edible, excess food to people (e.g. donations coordination, matching, processing; last mile delivery to food insecure communities)
- ☐ Recycling: repurposing waste as energy, agricultural and other products (e.g. animal feed, energy production)
- ☐ Other (please specify)

4. If your COVID-19 food waste solution aligns with one of the Fund's priority focus areas, please indicate which one(s)?

- ☐ On-farm food loss
- ☐ Logistics
- ☐ Last-mile delivery
- ☐ N/A

* 5. Is the COVID-19 food waste solution for which you're seeking funding a new product/service offering or pivot for the organization or an expansion of existing business operations?

- ☐ New product/service offering or a pivot
- ☐ Expansion of existing business operations

6. If applicable, what traction has your COVID-19 food waste solution made to date (lbs and/or meals of otherwise wasted food prevented and/or recovered)?

* 7. How would you describe the ability of your COVID-19 food waste solution to scale or be replicated? What would need to be true in order for that to happen and how would your organization ensure key stakeholders and beneficiaries have enough capacity to receive, handle, and/or process otherwise wasted food?

* 8. Please provide your COVID-19 food waste solution's primary clients and/or sources of food.

- ☐ Farms
- ☐ Processors/Manufacturers
- ☐ Distributors
- ☐ Grocery Retail
- ☐ Restaurants/Foodservice
- ☐ Individuals
- ☐ Other (please specify)

* 9. Select the key beneficiaries of your COVID-19 food waste solution.

- ☐ Paying customers
- ☐ Food banks
- ☐ Food pantries
- ☐ Donated directly to individual end recipients
- ☐ Other (please specify)

10. If your solution directly serves individuals from vulnerable communities most heavily impacted by COVID-19, please explain (e.g., certain geographic locations, the elderly, workers in the agriculture, hospitality, and healthcare industries).

* 11. What major challenges does your organization foresee in executing and scaling its COVID-19 food waste solution over the next 90 days? How could you mitigate those challenges and what non-financial resources could help your organization drive impact?



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6. Solution Impact and Outcomes

Note: All questions with an asterisk (*) are required. Please remember to click 'Save & Next' to save your progress before returning to any previous page.

- * 1. Please indicate the types of food your organization's COVID-19 food waste solution will prevent and/or rescue from going to waste in the next 90 days.

☐ Whole fresh fruits and/or vegetables

☐ Poultry and/or eggs

☐ Meat

☐ Shelf-stable and/or CPG

☐ Dairy

☐ Ready-to-eat and/or prepared foods

☐ Other (please specify)

- * 2. What is the total 90 day budget of the COVID-19 food waste solution for which any grant from the Fund would be applied towards? Please enter in US Dollars (USD). Do not enter "\$" or commas.

- * 3. Explain how your organization plans to allocate the requested funds over the next 90 days. Assuming a \$50,000 grant, please model the use of funds using either dollar amounts or percentages associated with each use.

- * 4. Describe how your COVID-19 food waste solution prevents and/or rescues at least 250 tons of food or 417,000 meals from going to waste in the next 90 days. What is your actual projected impact for these metrics over that time period? In addition, feel free to share other impacts your organization anticipates (e.g. GHG emissions reductions, jobs created).

- * 5. If a grant was awarded, how quickly after receipt of those funds could they be applied towards achieving your impact goals outlined in this application for your COVID-19 food waste solution? Also indicate if there is a minimum threshold of funding needed for any solution "go/no go" decision.



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7. Final Details

Note: All questions with an asterisk (*) are required. By clicking 'Save & Submit,' your application will be submitted to ReFED. Please ensure all application responses on the previous pages are complete and to your satisfaction before moving forward.

* 1. How did you learn about the ReFED COVID-19 Food Waste Solution Fund?

- ☐ www.ReFED.com
- ☐ ReFED staff member
- ☐ Friend or colleague
- ☐ Social media
- ☐ Other (please specify)

* 2. Do you grant ReFED permission to include your organization's name and COVID-19 food waste solution description along with your name and contact information in the [ReFED Directory of Fundable Initiatives](#) made available to other prospective funders within the ReFED network?

- ☐ Yes
- ☐ No

3. If there is anything else you'd like us to know as we consider your application, please enter it here.

4. (Optional) Please attach a simple one-page overview document or pitch deck supporting your COVID-19 food waste solution.

Choose File

Choose File

No file chosen

5. (Optional) Please upload any additional materials you think best support your application.

Choose File

Choose File

No file chosen