Department of Public Health
CITY OF PHILADELPHIA

City of Philadelphia
Department of Public Health
7801 Essington Avenue
Philadelphia, PA 19153

One Philly SNAP Support Plan: Grant Application

The City of Philadelphia appreciates your partnership in the success of the One Philly SNAP Support Plan.

One Philly SNAP Support Plan grants aim to expand distribution of healthy, high-quality, culturally appropriate, and appealing free food to Philadelphians experiencing food insecurity.

Proposed Award Amount: $5,000 to $50,000, subject to the availability of funds and approval by the City of Philadelphia.

Application Issue Date: 11/3/2025

Response Deadline: 5 p.m. Local Philadelphia Time on 11/5/2025. Applications submitted after this date may be considered on a rolling basis depending on the availability of funds.

Requirements: The application form must be completed in its entirety and all supporting documentation must be provided to be considered for this award. Award recipients must comply with all applicable federal, state and local laws, regulations, and public health guidance.

Award recipients must provide a weekly report to the City of Philadelphia Department of Public Health (PDPH) that includes the following metrics:

1. Number of food distribution locations
2. Number of individuals / families served, by location
3. Volume and categories of food purchased and distributed, by location

PDPH reserves the right to request/collect other key data and metrics from award recipients related to the performance of the grant. Funds should be spent efficiently to ensure rapid deployment of resources to all residents. PDPH encourages distribution of food as often as possible, preferably on a weekly or daily basis. Most, if not all, awarded funds should be spent on purchasing food for distribution. Recipients may be listed on the Philadelphia Food and Meal Finder for the duration of the grant period.

Additional Information: Receipt of this award does not confer the right to distribute food in any particular location; additional approvals from other City departments (i.e. Public Property, Parks and Recreation, Special Events office) or other individuals may be needed.

Application Submission: Applications should be submitted online or via email to OnePhillySNAPSupport@phila.gov. Please contact PDPH to coordinate delivery of a physical application to 7801 Essington Avenue, Philadelphia, PA 19153, if needed. Once your application has been received by PDPH, you will receive a response within 3 days.

For additional information or assistance, please contact:

Aurora Trainor
Philadelphia Department of Public Health
7801 Essington Avenue, Philadelphia, PA 19153
OnePhillySNAPSupport@phila.gov | (215) 685-9433

Philadelphia Department of Public Health

Grant Application for One Philly SNAP Support Plan

Organization Name (if applicable):_____ Phone Number: _____

Organization Address: _____

Organization Social Media (if applicable): _____

Permission to photograph during food distribution? Yes ☐ No ☐

Permission to post on the City of Philadelphia website and social media? Yes ☐ No ☐

Contact Person: _____ Phone Number: _____

Email Address: _____

Alternative Contact Person: _____ Phone Number: _____

Email Address: _____

Funding Requested. Provide the total amount requested, in dollars. _____

Distribution method. How do you serve the food or meals that you provide? Ex: Indoor/outdoor? In person or delivery? Pre-packaged bags of food or selection of meal options?

_____

_____

Location(s) of Food Distribution. Please provide a cross-street address, including zip code, and/or delivery areas. It is permitted to serve within a 1-block radius of the address provided. Please contact PDPH at OnePhillySNAPSupport@phila.gov if this location changes.

_____

Day(s) of week and time you are requesting to provide food: (check all that apply)

Day (Check)	Time	Day (Check)	Time
Monday ☐		Friday ☐	
Tuesday ☐		Saturday ☐	
Wednesday ☐		Sunday ☐	
Thursday ☐			

How often will you serve food? Daily, weekly, bi-weekly, monthly, other?

_____

Who do you serve? Describe any specific communities or age groups and specify language(s):

_____

How many people do you serve on average per distribution? How many additional people would you serve if you received this award?

_____

_____

What steps do you take to provide healthy, high-quality, appealing, and culturally appropriate food?

_____

Additional questions (check if YES)

Do you plan on preparing food for service? ☐
HOT food? ☐
COLD food? ☐

Where will you prepare the food?

_____

Do you plan to provide groceries? ☐

Do you plan to provide fresh fruits or vegetables? ☐

Do you already receive food from Share Food Program ☐

Do you already receive food from Philabundance? ☐

If awarded a One Philly SNAP Support Plan grant, I agree to comply with the grant requirements and Food Safety Operation Requirements and fully cooperate in allowing inspections of any food my organization or I serve and to provide information required in any investigation of a food-borne illness from public serving of food which may involve me or my organization.

Contact Person Signature: _____ Date: _____

Contact Person Name: _____ Title: _____