

GRANT APPLICATION

Name of Organization _____

Address _____

Contact Person Name/Title _____

Phone Number _____ FAX _____

Tax ID # _____

Non-Profit? ___Yes ___No

We are applying for:

___ Prevention Grant \$_____

___ Supplemental Food Assistance Grant \$_____

If you are awarded funding, we will send a press release to the media. Please provide a brief press ready summary of your project below:

For Partnership Use Only

___ Application Approved \$_____

___ Application Rejected \$_____

Comments:

Signature _____ Date: _____ Group Notified: _____

GRANT PROJECT PROPOSAL FORM

Check one:

Prevention

Supplemental Food Assistance

Name of Group _____

Name of Activity _____

Provide a description of the proposed activity. Include proposed timelines.

Who would this project serve? Describe target group and numbers of people you anticipate would be served and/or impacted by your project.

How would your project collaborate with other appropriate local organizations?

Explain how your project will impact hunger in Portage County?

How will you evaluate your project to determine if it is effective?

GRANT CHECKLIST

_____ Develop Project

_____ Complete and return application (must include budget page) and six (6) copies to the Hunger Prevention Partnership by 11/15/2011

Hunger Prevention Partnership
Attention: Lauri Rockman
2430 Chippewa Drive
Plover, WI 54467

*PLEASE NOTE:

1 All sections of the application packet must be complete in order to be considered.

2 All funds remaining upon completion of grant period must be returned to the Hunger Prevention Partnership.