**2023 Application**

**Idaho Food Bank Fund**

***Section 1***

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| **Organization Name** |
| **Applicant Organization Name (full legal name)** |  |
| **Applicant Organization (also known as, if applicable)** |  |
| **Communities Served by organization.***(25-word limit)* |  |
| **501(c)(3) Letter Date** |  |
| **Federal Employer Identification Number (EIN)**( *9 digit format: XX-XXXXXXX*) |  |
| **Name of Executive Director/Authorized Representative** |  |
| **Contact Information** |
| **Grant Application Contact Name** |  |
| **Title** |  |
| **Phone** |  |
| **Fax** |  |
| **Email** |  |
| **Street Address** |  |
| **Mailing Address (if different than street address)** |  |
| **City** |  |
| **State** |  |
| **Zip Code** |  |
| **Organization Website (if available)** |  |
| **Financial Information** |
| **Organization’s Budgeted Expenses for Current Year** (include fiscal year end mm/dd/yy) |  |
| **Organization’s Major Funding Sources (e.g. United Way, local community foundation, etc)** *(25-word limit)* |  |
| **Grant Request Information** |
| **Program/Project Title** |  |
| **Total Budget for program/project** | $ |
| **Amount of request** | $ |
| **Anticipated program/project start date (for ongoing projects, write “ongoing”)** |  |
| **How many hungry people does your organization serve, either per week or per month?***(25-word limit)* |  |

***Section 2***

**Organization Background**

**1. Brief summary of organization’s history and statement of organization’s mission. (1 -2 paragraphs, 100 word limit)**

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**2. What is the hunger need in your community? If your organization wasn’t here to help, where would people go for services? What challenges would they face? (1-2 paragraphs, 200 word limit)**

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**3. It what ways does your organization promote equity in the services you provide to the Latinx, Native Americans, and African Americans who live in your communities? (1 paragraph, 100 word limit)**

**4. It what ways does your organization promote equity in the services you provide to seniors and people with disabilities who live in your communities? (1 paragraph, 100 word limit)**

***Section 3***

**Program/Project Description & Methodology**

1. **Describe the program/project to be funded and how it relieves hunger in your community. Be specific about the activities you will undertake and how the funds from this grant would be used. If the funds will be used to purchase specific items, please describe the items and why they are needed. (2-3 paragraphs, 300 word limit)**

**If you are requesting funding for an Innovation Proposal that includes collaboration with other service providers and funders and that addresses hunger by focusing on those issues that CAUSE food insecurity, or otherwise improving the well-being of individuals or families, please explain how your project will accomplish that, and check here:**

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 **1b. How have changing economic and social conditions (such as inflation, high housing costs, COVID, shortages, changes in the local community, etc.) affected your services and how have you responded? (Note: If economic and social conditions have had little impact on your services, answer with “N/A”). (1 paragraph, 100 word limit).**

**2a. Program/project budget: Please limit budget to the six lines provided (you may combine categories as needed).**

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| --- | --- |
| Budget Category | Expense |
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**2b. Briefly describe your organization’s ability to develop and sustain this program/project. Describe what (if any) other resources you will need to complete/sustain this project and how you will attain those resources. Include other anticipated funding (e.g. earned revenue, special events, fundraisers, other grants) as well as non-monetary resources (volunteers, in-kind support, partnerships, etc.). (1-2 paragraphs, 200 word limit)**

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***Section 4***

**Evaluation & Results**

**Describe the specific short-term, intermediate, and/or long term outcomes of this program/project and the timeframe in which they will occur. (1 -2 paragraphs, 100 word limit)**

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