**Idaho Food Bank Fund**

**2024 Application**

***Section 1***

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| --- |
| **Organization Name** |
| **Applicant Organization Name (full legal name)** |  |
| **Applicant Organization DBA (doing business 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 per month? Please provide the number of individuals served, not households or families.** *(25-word limit)* |  |

***Section 2***

**Organization Background**

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

**2. What are the hunger needs 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)**

**3. In 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. In 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 will 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)**



**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. Grant program budget. Please provide the budget for the program or project you are requesting funds for. You do not need to provide your entire organizational budget, unless it is relevant to this application. Please limit the budget to the six lines provided (you may combine categories as needed).**

|  |  |
| --- | --- |
| 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) and non-monetary resources (volunteers, in-kind support, partnerships, etc.). (1-2 paragraphs, 200-word limit)**

***Section 4***

**Evaluation & Results**

1. **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)**