

GRANT APPLICATION

Name of Organization _____

Address _____

Contact Person Name/Title _____

Phone Number _____

Email _____

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

Attach additional sheets as necessary.

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 and/or poverty 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) to HPPP by September 20th, 2020

Hunger & Poverty Prevention Partnership of Portage County
Attention: Jill Hicks - UW-Extension, 1462 Strongs Ave, WI 54481

*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.

