

GRANT APPLICATION



Organization:

Address:

Contact Person / Title:

Phone Number:

Email:

Tax ID# _____ Non-Profit? ___Yes ___No

PROJECT PROPOSAL

Attach additional sheets as necessary.

Check one:

Prevention

Supplemental Food Assistance

Name of Activity / Project:

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.

Complete and return application to Hunger & Poverty Prevention Partnership of Portage County by **November 16, 2021**.

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Stevens Point, WI 54481
715-346-4991

*PLEASE NOTE:

1. All sections of the application packet must be complete to be considered. Budget is a critical piece of consideration.
2. All funds remaining upon completion of grant period must be returned to HPPP-PC.

