

# 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

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Name of Activity

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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) six (6) copies to the HPPP-PC by September 15, 2016 (9/15/2016)

Hunger & Poverty Prevention Partnership of Portage County  
Attention: Sherry Daniels - 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.

