

**Applicant Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **email:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Hunger Prevention**  
P.O. Box 8711

**Coalition**

Bend, OR 97708-8711

*To ensure funding for nonprofit agencies proven to provide nutritious food for our neighbors in need within Central Oregon*

### **Application Process and Procedures**

**Purpose:** The Hunger Prevention Coalition includes citizen volunteers as well as representatives of public and private groups involved in addressing hunger problems in Central Oregon. The purpose of this joint effort is to seek solutions to end hunger in Central Oregon and to improve the quantity and quality of food offered to those in need.

**Process:** Grants are awarded on a yearly basis (funds permitting). Funds available are from the “Fill Empty Plates” project. Selected applicants will receive a percentage of the funds collected. The allocation of funds will be based on demonstrated need and on how the funds will be used. One report of fund use and outcomes will be required this funding cycle. You may reapply each year for a percentage of the funds available. Agencies with multiple sites must have each site apply individually.

The Grant application must be postmarked, emailed or delivered by **July, 15, 2016**. Applicants must submit a full, yet concise, application that answers the proposal elements listed below.

**Criteria:** To be eligible for participation an agency must:

1. Operate under a current 501(c)3 tax exempt status from the IRS. **New** applicants must include a copy of their letter of advance ruling on their 501c3 status or other proof of non profit status. If and when new applicants receive a Letter of Final Determination from the IRS they must send a copy to the Hunger Prevention Coalition.
2. Provide food directly to our neighbors in need in the form of meals or food boxes as part of their program. Funds awarded may not be used for administrative purposes.
3. Have set days or times of operation with food storage or preparation in a public facility.
4. Have been providing food assistance for at least three months prior to date of application.
5. Must not require any money, property, services or participation from individuals in exchange for food.

**Applicant Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **email:** \_\_\_\_\_ **Date:** \_\_\_\_\_

6. Must use the money to increase the nutritional quality of the food distributed or expand the number of nutritious meals or food boxes provided. This could include fruits, vegetables, protein and calcium sources and/or baby foods including infant formula with iron.

### HUNGER PREVENTION COALITION APPLICATION

Date submitted:
-----------------

Agency Name:
Address of Agency:

Service Site Location	City	_____
Phone:	Fax:	Email:

Primary Contact:
Primary Phone:
Primary Email Address:

**Briefly describe the food service program for which you are seeking funds...**

**Please complete the following questions for your food service:**

- NEED ASSESSMENT: How was the need for the funds determined? eg: How many people have you turned away or not served adequately in the last 3 months?

**Applicant Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **email:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- **PURPOSE:** How will the money increase the nutritional quality\* of the food distributed or expand the number of nutritious meals/food boxes provided?

*\* fruits, vegetables, protein and calcium sources, and infant formula with iron.*

- **EVALUATION:** What outcomes will be achieved based on the criteria listed above? How will they be measured? ( eg: use of the HPC evaluation form)

- **EXISTING RESOURCES:** Who and what do you depend on to make your food program work now? (eg: Oregon Food Bank, NeighborImpact, other funding or food source, building space, volunteer commitments, fundraising events etc) Please describe.

### HISTORICAL DATA – Very Important!

1. **Please provide the following information as it applies to your program for the last 3 months:**

**Applicant Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **email:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- The number of meals served
- Food boxes: number of meals in box
- Food boxes: number of boxes distributed

**2. If you received funds last year, how did the quality and/or quantity of the food increase?**

**Required Steps:**

Step 1: Complete the Application

Step 2: Attach the completed financial form for your food operations (attached)

Step 3: **New Applicants must include their Final Letter of Determination**

Step 4: Make sure the forms are complete with your agency name and phone # on the top of each page, and provide an email address for future correspondence.

Step 5: Mail or email before July 15, 2016 to the following address or email

**P.O. Box 8711**  
**Bend, OR 97708-8711**  
**or**  
[email: info@hungerpc.org](mailto:info@hungerpc.org)

**Contact person for question on how to complete this application:**

**Robin Popp at 541-408-1978 or rpopp1015@hotmail.com subject line “HPC”**