



Food Pantry Assistance Grant for Colorado Proud Products Grant Application

Legal Name of Organization:

Doing Business as (if applicable):

Mailing Address:

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **EIN:** _____ **Year Founded:** _____

Website:

Email Address:

Application Contact & Title:

Organization Type: Food Bank Food Pantry

Do you file an IRS Form 990, 990 E/Z or 990 Postcard? Yes No

Are you a partner agency of your regional Feeding America Food Bank? Yes No

If so, which one(s)?

Are you a member of the Colorado Food Pantry Network? Yes No

If no, do you participate in a different food pantry collaborative group? Yes No

If so, which one(s)?

Do you have an active board of directors? Yes No

How many members are on the board?

How many paid staff with your organization?

How many volunteers annually?

How many clients do you serve monthly? under 200 200-500 over 500

Geographic Area Served:

Tax Exemption Status:

501(c)(3):

Using a fiscal agent/fiscal sponsor

 Name of fiscal agent/sponsor:

Other than 501(c)(3), describe:

Governmental agency:

Grant Amount Requested (min. \$2,500, max. \$50,000):

Narrative

(Limit 2 pages 12 pt font)

1. How will offering Colorado Proud Products to your clients improve their health and wellbeing?

2. What Colorado Proud Products would you like to purchase to have available for your clients?

Eligibility Check and Agreement

Yes	No	Statement
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I understand that I will use this grant to purchase Colorado Proud Products as designated by the Colorado Department of Agriculture.

I understand that up to 10% can be used to cover costs associated with purchase, transportation, and storage. Examples of uses may include:

- Transportation costs associated to pick up goods from a producer;
- Food storage equipment; and
- Vehicles for transporting food.

I understand that our organization is willing to administer a Client Needs Survey as a vehicle for collecting input on the efficacy of this grant.

I understand that I cannot resell or apply other associated fees to the distribution of products purchased with this grant.

I understand that I will need to complete a final report by the deadline set forth in the program cycle. (January 31st for Program Cycle #1 and May 31st for Program Cycle #2)

I understand that I can only receive one (1) grant award per fiscal year (July 1 – June 30)

I understand that if I am not awarded a grant in the first cycle of the fiscal year, my application will automatically be submitted for the second cycle if my organization is eligible for funding. If your organization's needs have changed between the grant cycles and you were not funded, your organization can then reapply with a new request.

I understand that representatives of Onward! A Legacy Foundation (Onward!) have made no actual or implied promise beyond the amounts specified in the grant award letter. This includes any obligation to provide continued support for this or any other project. Continued funding can only be obtained through submission of additional proposals in accordance with Onward!'s policies and guidelines.

I understand Onward!'s role will consist of reasonable oversight to allow for the proper evaluation of this grant. You agree to permit Onward!, at its request, to have reasonable access to all files, records, and personnel necessary to make such financial audits, verifications, or program evaluations as may be necessary or appropriate. In addition, you agree to maintain such records as will permit Onward! to easily check the use of grant funds and to keep these records for at least four years after the final grant report is submitted.

I understand that Onward! may discontinue, modify or withhold any payment under this grant award or terminate the grant and require a total or partial refund of any of the grant funds if, in Onward!'s sole judgment, such action is necessary (a) because of a violation of the terms and conditions of this grant; (b) to protect the purposes and objectives of this grant; (c) to comply with the requirements of any law or regulation affecting Onward!'s responsibility with respect to this grant.

I understand that in consideration for this grant, your organization, its employees, agents or assigns agree to hold harmless, indemnify, release and forever discharge Onward!, its officers, agents, employees, affiliates, attorneys, successors and assigns from and against any and all judgments, actions, claims, suites, losses, damages, and expenses resulting from, related to or in any way connected with this grant.

I understand that I will recognize Onward! and Colorado Proud in grant award marketing materials.

Signature Page

The undersigned represents that he/she is the duly authorized executive officer of the organization and as such is empowered to submit this application on behalf of the organization and to obligate the organization to observe all the terms and conditions of the grant.

Executed on the behalf of (organization):

Signed Name:

Printed Name:

Title:

Date:

Submitting a joint application?

Yes

No

Collaborating organization:

Submit completed applications

VIA EMAIL:

foodpantrygrant@onwardfoundation.org

VIA POSTAL:

Onward! A Legacy Foundation

Attn: Food Pantry Assistance Grant

PO Box 26

Cortez, CO 8131