

APPLICATION FORM
COOPERATIVE BAPTIST FELLOWSHIP OF NORTH CAROLINA HUNGER FUND

1. Name of Organization requesting funds

Address:

Phone:

2. Amount of money being requested

3. Do you need for us to consider your request on an emergency basis? ____ Yes ____ No
If yes, please explain:

4. This money is for (check one):

_____ On-going funds, to continue the operation of an already existing program/ministry
_____ Start-up funds, to begin a new program/ministry

5. This money will be used for the following type(s) of service (Check as many as apply):

A. Direct purchase of food for...

_____ Senior citizen feeding programs
_____ Soup kitchens, hospitality houses, rescue missions
_____ Stocking food pantries
_____ Food in emergency or disaster situations
_____ Other :

B. Enabling food production, food distribution, or food consumption

_____ Community garden projects (rental of land, seeds, fertilizer, etc.)
_____ Food banks (to store, load, and distribute donated food)
_____ Meals on Wheels (gas, equipment or vehicles used in the delivery of meals)
_____ Materials for nutritional education
_____ Materials for food preservation
_____ Equipment related to the projects mentioned in Item A above
_____ Other :

C. Training

Describe the training offered:

D. Personnel costs

Describe the personnel costs:

6. In just a few sentences, how do you plan to use this money?

7. Describe your organization's commitment to and support of this ministry.

8. Is this money to be channeled to another organization (not the church or agency requesting it)? _____ Yes _____ No

If yes, from what other sources does this organization receive funding? Do any of those sources offer to match funds received from others?

9. Are you receiving funds from other sources for this program/ministry?
_____ Yes _____ No

If yes, what other sources? Do any of those sources offer to match funds received from others?

10. How will these funds be disbursed?

11. Who will have direct administrative responsibility for spending these funds?

Name:

Address:

Phone:

12. If you have a budget for the program/ministry for which you are requesting funds, please attach a copy. If you do not have a budget, please enclose a breakdown of how you expect money from the CBFNC Hunger Fund to be spent.

13. List two other people we could contact for more information regarding this program/ministry. Please include their name, email address and phone number.

14. Has your organization previously requested funds from the CBFNC Hunger Fund?
_____ Yes _____ No

If yes, when was the last time your organization requested hunger funds? _____

15. Are you presently holding funds previously allocated to you from the CBFNC Hunger Fund?
_____ Yes _____ No

If yes, please explain.

The information contained in this application is accurate. I have received a copy of the Guidelines for the use of CBFNC Hunger Fund money. Any money which we receive will be used in compliance with the Guidelines.

Signature of person submitting application

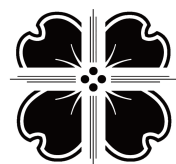
Printed name of person submitting application

Office or position

Phone number _____ Email address _____

Date _____

Return completed forms to:



Cooperative Baptist Fellowship of North Carolina
Hunger Fund
8025 North Point Blvd, Suite 205
Winston-Salem, NC 27106

Revised: July 2014