

Equal Food Fund, Inc.

1256 Cleveland Heights Blvd., Cleveland Heights, OH 44121

GRANT APPLICATION AND BUDGET INFORMATION

The Equal Food Fund, Inc. was created as a non-profit corporation whose existence is to raise funds and provide funding directly to food pantries and soup kitchens specifically for the procurement of food and hygienic products. This organization respects social and cultural diversity and uphold the worth and dignity of every individual it serves. Established 501 (c)(3) not-for-profit food pantries and soup kitchens are eligible to receive bi-annual grants ranging from \$250 to \$5,000 from the fund. However, it cannot make grants to individuals or religious organizations for religious purposes.

Please complete the attached application and submit it to the address above.

GRANT ELIGIBILITY

Any established food pantry or soup kitchen is eligible to apply provided they are a food oriented 501 (c)(3) not-for-profit organization. Grant applicants must include a copy of their IRS determination letter with their application.

Grant applicants that do not have 501(c)(3) status must identify a fiscal agent to handle the grant money. A fiscal agent must be a 501(c)(3) organization and must provide a letter indicating a willingness to function as a fiscal agent. This letter must accompany the grant application along with the 501(c)

The Grant Application and Budget must be completed in full and returned with all required attachments. **Consideration cannot be given to applications with missing components.**

EQUAL FOOD FUND APPLICATION CHECKLIST

- Grant Application and Budget Form
- Income and Expense page is completely filled out
- 501 (c)(3) IRS determination letter including EIN
- Current list of Board of Directors / Trustees
- Most recent annual report
- Most recent financial audit, if available
- All materials are on 8 ½ X 11 paper (please no videos, CD ROMS, etc.)

Equal Food Fund Grant Application and Budget Form

APPLICANT ORGANIZATION NAME: _____

Mailing Address: _____

City: _____

County: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Web Address: _____ Email: _____

Executive Director/President: _____

Telephone: _____ Email: _____

Chairman Board of Directors / Trustees: _____

Telephone: _____ Email: _____

Equal Food Fund Grant Application and Budget Form

APPLICANT ORGANIZATION NAME: _____

Describe the services the organization provides and expected outcomes:

Equal Food Fund Grant Application and Budget Form

APPLICANT ORGANIZATION NAME: _____

Project Income and Expenses:

Tax-exempt food pantries are eligible to receive grants ranging from \$250 to \$5,000 from the Equal Food Fund. However, it cannot make grants to individuals or religious organizations for religious purposes.

Item	Equal Food Fund Grant Request
Food and Hygienic Products	\$

Current Annual Expenses and Income

Food and Hygienic Products	\$
Donations	\$

Equal Food Fund Grant Application and Budget Form

APPLICANT ORGANIZATION NAME: _____

APPLICANT SIGNATURES (REQUIRED)	
The signatures constitutes my certification that our organization prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, and marital or family status.	
_____	_____
Executive Director/President	Date
_____	_____
Board Member	Date