



P.O. Box 8711  
Bend, OR 97708-8711

April 19, 2008

Dear Potential Applicant,

Enclosed please find an application for the next funding cycle of the Hunger Prevention Coalition. **The next funding cycle begins on July 1, 2008 and ends on June 30, 2009.** If you receive any funds, you will be required to monitor those funds and make 2 reports before the next round of funding on the form that will be provided for that purpose.

**We are requiring a closer accounting of how the grant money is spent on the report forms. Rather than just filling in the report form with everything you are putting in baskets or serving at meals, we need to know the specific food items purchased using HPC grant money. Our focus is increasing nutritional food and we would like to see how that is being done. The voucher program meets this criteria perfectly. A ledger will be provided for that purpose.**

A call to one of the following 2 people **is required** to verify your application and report form are filled in correctly before you mail them. They are also available to answer any questions about the application. Incomplete or inadequate applications or report forms will be rejected. We will also not consider applications that are not on the forms given you. Please use them.

Robin Popp: 541-322-7222  
Marie Gibson: 541-385-9227

**Please Note: completed application must be mailed or faxed by May 30, 2008.**

We would like to thank you for your efforts to address hunger in Central Oregon. If you have any other questions, please contact Robin Popp at [rpopp@gicw.org](mailto:rpopp@gicw.org)

Sincerely,

## The Allocation Committee of the Hunger Prevention Coalition



P.O. Box 8711  
Bend, OR 97708-8711

## **Application Process and Procedures**

**Purpose:** The Hunger Prevention Coalition includes citizen volunteers as well as representatives of virtually all the 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. Two (2) reports 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, faxed or delivered by **May 30, 2008**. 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. Applicants, must include a copy of your letter of advance ruling on your 501c3 status or other proof of non profit status. If and when you receive a letter of final determination from the I.R.S. you must send us a copy.
2. Provide food directly to the needy in the form of meals or food boxes as part of its program. Funds awarded must 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 to people in need 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. However, agencies may invite individuals to join them in prayer or a service as long as it is clear that participation is optional.
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

2/5/06

Date submitted:

Agency Name:

Address of Agency:

Service Site Location City\_\_\_\_\_

Phone:

Fax:

Email:

Primary Contact and phone number of contact:

**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?

- 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

1. Please provide the meal numbers for your program in the last 3 month period:

- The number of meals served **or**
- The number of meals in the emergency food boxes given out. (not the number of boxes) **or**
- The number and value of vouchers used.

2. If you received funds last year, how did the quality and/or quantity of the food increase? (You may attach a ledger form) Please explain how you increased the nutritious food in your program with HPC funds.

**Required Steps:**

Step 1: Complete the Application

Step 2: Include Final Letter of Determination.

Step 3: Attach the completed financial form for your food operations enclosed with the application.

Step 4: Include signed and completed check off sheet.

Step 5: Mail or fax before May 30th to the following address or fax number::

**Hunger Prevention Coalition**  
**P.O. Box 8711**  
**Bend, OR 97708-8711**  
**Fax: 617-8947**  
**Questions? Robin at 322-7222**

Applicant Name \_\_\_\_\_

**FOOD  
OPERATIONS ONLY**

Calendar/fiscal  
year (circle one)  
start date \_\_\_\_\_

End  
date \_\_\_\_\_

<b>REVENUE</b>				
<b>Sources</b>	<b>Lists &amp; Explanations</b>	<b>Received</b>	<b>Pending</b>	<b>Total</b>
Grants-Public				
Grants-Private				
Savings Accts-Bequests				
United Way Allocation				
Program Income & Fees				
Contributions				
<b>NO INKIND TO BE INCLUDED In income categories</b>				
Other Income				
TOTAL				
<b>EXPENSES</b>		<b>To date</b>	<b>Pending</b>	<b>Total</b>
Administrative Costs (advert, etc)				
Salaries for Food program				
Operating Costs for Food program				
Food Costs				
<b>NO INKIND TO BE INCLUDED in Expense categories</b>				
TOTAL				





### Checkoff sheet

Agency Name: \_\_\_\_\_

Date \_\_\_\_\_

1. Copy of current 501{c}3 [ ]
2. Funds are used only for food [not administration] [ ]
3. Agency has provided food assistance for at least 3 months [ ]
4. Money is used to increase the nutritional quality of food distributed [ ]
5. No money, property, services or participation are required from individuals receiving food *[any participation in prayer must be optional]* [ ]
6. Days and hours of operation are: \_\_\_\_\_
7. **Previous recipients of funds:** The grant evaluation form and ledger form is enclosed [ ]
8. Call made to an Allocations committee member to verify required information [ ]
9. 5 Completed applications are enclosed of not more than 6 pages [ ]
10. Completed financial form **for food operations** is enclosed that does not include in kind donations [ ]

Signature and title of person preparing application

---

Signature

Date