

Date _____

District _____

**HUNGER COMMITTEE
CALIFORNIA-PACIFIC ANNUAL CONFERENCE
The United Methodist Church
2012 Hunger Grant Application**

I. IDENTIFICATION:

A. Project Title _____

B. Sponsoring Agency or church _____

Address _____

City, State, Zip _____

Phone _____

E-Mail Address _____

Make Checks payable to _____

Sent to: (name, address, phone)

II. PROJECT INFORMATION:

A. Specific goals of project: _____

B. Brief history of project: _____

III. EVALUATION:

A. How will this project be evaluated ? _____

IV. FINANCIAL SUMMARY:

A. Are you currently using or seeking financial support from other sources for this project? _____ YES _____ NO

If yes, list the source and amounts: _____

B. Is this project a District Advance Special? _____ YES _____ NO
If NO explain why not: _____

C. Do you use a food bank? _____ YES _____ NO

Explain why or why not: _____

D. Itemize use of previous Hunger Grant:

Grant \$ Amount: _____
How many people were fed? _____
How much, what kind of food was bought? _____

E. Itemize how the anticipated Hunger Grant will be used:

How many people do you expect to feed? _____
How much, what kind of food do you expect to buy? _____

F. How do you help the people you serve to become self-sufficient? _____

