Date _____ District _____

HUNGER COMMITTEE
CALIFORNIA-PACIFIC ANNUAL CONFERENCE
The United Methodist Church
2010 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? _____

_____

_____

_____

_____

_____

AMOUNT REQUESTING $_____

Project budget $ _____

Estimated total amount of budget used for food $ _____

Value of in-kind food donations received annually $ _____

Total amount of budget designated for salaries $ _____

Number of volunteers _____

LIST CHURCHES COOPERATING WITH THIS PROJECT:

_____

_____

REQUIRED SIGNATURES **(APPLICATION WILL NOT BE CONSIDERED WITHOUT ALL SIGNATURES)**

Project Director _____ DATE _____
Print Name

_____
Sign Name

Executive Director _____ DATE _____
_____Print Name

_____
_____Sign Name

District Superintendent_____ DATE _____
Print Name

_____
_____Sign Name

Please sent one (1) original and seven (7) back-to-back copies to:
Ilse Peetz, 33115 N. 135 Street E, Pearblossom, CA 93553

YOUR APPLICATION MUST BE POSTMARKED BY DECEMBER 1, 2009