**Seniors Community Meal Grant**

**2025-2026 Grant Application**

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| **Section 1: Organization Overview (Applicant)** | | |
| 1. **Name of organization / group** | |  |
| 1. **Address of organization/ group** | |  |
| 1. **Name of Executive Director, Chair or President of the organization/group** | |  |
| 1. **Email address of the Executive Director, Board Chair or President of the organization/group** | |  |
| 1. **Phone number of the Executive Director, Board Chair or President of the organization/group** | |  |
| 1. **Has your organization/group received funding through the Seniors Community Meal Grant Program in the past?** | |  Yes  No |
| 1. **Does your organization/group have a registered charity number?** | |  Yes  No  If yes, include number: |
| 1. **Is your organization/group a non-profit?** | |  Yes  No |
| 1. **Is your organization/group incorporated?** | |  Yes  No |
| 1. **Does your organization/ group have its own dedicated bank account?** | |  Yes  No |
| 1. **Names of individuals / positions in your organization/group have signing authority, and authority to enter into a funding agreement)?** | |  |
| 1. **For groups not eligible to enter into a funding agreement, a partner organization must be identified. This organization must be willing to accept funding on your organization’s behalf.**   **Name of partner organization:**  **Name of contact person at partner organization:**  **Contact information for partner organization:**  **Letter of Support from partner organization attached?**  Yes  No | | |
| **Section 2: Project Overview** | | |
| 1. **Contact person for project** | **Name:**  **Role in organization/group:**  **Phone number(s):**  **Email address(es):** | |
| 1. **Title of project / events** |  | |
| 1. **Project start date**   (Not earlier than June 1, 2025) |  | |
| 1. **Project end date**   (No later than March 1, 2026) |  | |
| 1. **Community(s) where the project/events will take place** |  | |
| 1. **Is this a new project/event, or are you enhancing or expanding an existing project?**   If expanding, please provide a brief explanation of how you are increasing capacity. |  | |
| 1. **Total anticipated cost of the project**   This total includes all sources of funding (e.g. cash and in-kind contributions) for the project. |  | |
| 1. **Total amount being requested from the Seniors Community Meal Grant**   (up to $5000) |  | |

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| **Section 3: Event Related Information** | | | |
| 1. **How many events do you plan to hold? When will they be held?** | | | |
| 1. **How many seniors do you expect to serve over the course of your event(s)/project?** | | | |
| 1. **How many meals do you expect to provide to seniors over the course of your event(s)/project?** | | | |
| 1. **Will there be a delivery component to your project/event(s)? If so, please describe.** | | | |
| 1. **Will seniors be involved in the planning and/or implementation of these events? If “yes”, please describe how.** | | | |
| 1. **What facility(s) are you planning to use to prepare the meals? Have you received permission from the facility(s) that you are able to prepare the meals there?**   **For each facility, provide the food permit number and the date it was issued.** | | | |
| 1. **What facility(s) are you planning to use to provide / distribute the meals? Have you received permission from the facility(s) that you are able to host your events there?** | | | |
| 1. **How will you promote the event?** | | | |
| 1. **How will you measure (evaluate) the success of the event(s)?** | | | |
| **Section 4: Budget Template** | | | | | |
| * The amount requested from the Seniors Community Meal Grant cannot exceed $5,000. * For eligible and non-eligible expenses, and for funding limits, please review the Seniors Community Meal Grant Funding Guidelines. | | | | | |
| 1. **Please complete the budget template below.** | | | | | |
| **Item** | | **Funding Requested**  **(Grant)** | **Funding from Other Sources (Cash, In Kind)** | **Total Cost for Item** | |
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| **Total Cost** | |  |  |  | |
| 1. **What is the projected cost per meal?**   This is calculated by taking the total cost of the project and dividing it by the expected number of meals.  For example, if a project costs $4,000 total and serves 600 meals, the meal cost would be $6.67. | | | | | | |

If you have any questions, please contact Katie Duffy, Program Analyst (902-620-3785 or kmduffy@ihis.org)