**Seniors Community Meal Grant**

**2025-2026 Grant Application**

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| **Section 1: Organization Overview (Applicant)** |
| 1. **Name of organization / group**
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| 1. **Address of organization/ group**
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| 1. **Name of Executive Director, Chair or President of the organization/group**
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| 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  NoIf 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?**
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| 1. **How many seniors do you expect to serve over the course of your event(s)/project?**
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| 1. **How many meals do you expect to provide to seniors over the course of your event(s)/project?**
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| 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.**
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| 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?**
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| 1. **How will you measure (evaluate) the success of the event(s)?**
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| **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.
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| 1. **Please complete the budget template below.**
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| **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)