



FY23 Urgent Need Grant Sample Application

Ozarks Food Harvest members may request funding for operational costs and/or to obtain capital assets (shelving, pallet jacks, cooler, freezers, etc. – Full list provided in the **Application Guidelines**).

Maximum grant award: \$50,000

For organizations that operate at more than one location, an application must be submitted for each location funds and/or equipment will be used.

Agency Information:

Agency Name: *

County: *

OFH Agency Account Number (i.e. P100, C100): *

Physical Address: *

Mailing Address: *

Executive Director/Church Leader: *

Executive Director/Church Leader Email: *

Executive Director/Church Leader Phone Number: *

Board President: *

Board President Email: *

Board President Phone Number: *

Primary Grant Contact: *

Grant Contact Email: *

Grant Contact Phone Number: *

Board of Directors/Advisory Board (*please include email and phone number for each Board Member*): *



Food Program Overview

Food Program Type:*

- Client Choice Food Pantry [Clients select food]
- Traditional Food Pantry [Food is selected for clients]
- Soup Kitchen
- Homeless Shelter
- Domestic Violence Shelter
- Drug and Alcohol Center
- After School Program
- Summer Food Program
- Senior Meal Program

Does your organization own or rent/lease the building its food program is in?

___ Rent/Lease ___ Own

Grant Request

Requests may include up to five priorities in the application.

(i.e., your organization is requesting a walk-in cooler that requires installation, delivery, wiring, and a concrete pad, in addition to the cost of the cooler. This would be considered five different priorities)

Item #1: _____

- Replace existing equipment
- Expand food program/outreach

Item #1 Estimated Cost: _____

Description (please fully describe why you are requesting this item and the goal of this request)



Item #2: _____

- Replace existing equipment
- Expand food program/outreach

Item #2 Estimated Cost: _____

Description (please fully describe why you are requesting this item and the goal of this request)

Item #3: _____

- Replace existing equipment
- Expand food program/outreach

Item #3 Estimated Cost: _____

Description (please fully describe why you are requesting this item and the goal of this request)

Item #4: _____

- Replace existing equipment
- Expand food program/outreach

Item #4 Estimated Cost: _____

Description (please fully describe why you are requesting this item and the goal of this request)



Item #5: _____

- Replace existing equipment
- Expand food program/outreach

Item #5 Estimated Cost: _____

Description (please fully describe why you are requesting this item and the goal of this request)

Total Cost of ALL Items Requested: _____

Attachments

Please upload the following attachments:

- Bid(s)/quote(s) for each singular equipment request