



**Hunger Mountain
COOP
COMMUNITY FUND
GRANT APPLICATION**

The Hunger Mountain Cooperative Community Fund provides financial assistance to businesses, organizations, and initiatives aligned with our mission to build a dynamic community of healthy individuals, sustainable local food systems, and thriving cooperative commerce.

We consider requests for grants of \$250 to \$2500. For requests for less than \$250, please contact Co-op staff for other funding options. We will give strong priority to:

- smaller-scale, project-specific proposals;
- requests for one-time expenditures, capital infrastructure needs, and food security organizing;
- projects designed to support local foods systems development in Washington, Lamoille, Orange, and Caledonia Counties.

We give lower priority to proposals that are:

- focused on hiring staff or supporting professional service contracts;
- projects we have supported in previous years;
- from very large/statewide organizations.

Applications will not be accepted from groups that employ Hunger Mountain Co-op Council members and/or members of the HMCCF Committee or their immediate family.

Applications must be received by September 3. To submit:

- Email to info@hungermountain.coop
- Mail to Hunger Mountain Co-op, Attn: HMCCF, 623 Stone Cutters Way, Montpelier, VT 05602
- Drop off at our customer service desk

For help filling out this form, contact Co-op staff at (802) 262-3202 or info@hungermountain.coop.

Your application will be reviewed by the HMCCF Committee and the Co-op's Council. Awards will be announced at our Annual Meeting on November 7.

By submitting this application, if approved, you give permission to announce the grant award through area media sources and use your organization as a recipient of a HMCCF Grant in promotional material.

Grantees will submit a grant status report within one year of grant distribution. Grants are expected to be used for their stated purpose within one year of distribution; if necessary, grantee may request an extension of the grant period or return unused funds to the HMCCF.

Applicant Information

Business or organization name _____

Mailing address _____ City _____ State _____ Zip _____

Contact person _____ Phone number _____

Email _____ Website _____

Year your organization started _____ Employer identification number _____

Official tax structure of your organization _____

Briefly describe your product(s) or service(s):

Briefly describe your management team, including key board members, advisers, and staff and their roles:

For the last full year of operation

Annual revenue _____

Annual expenses _____

At Year End (as of 12/31/18)

Total assets _____

Net assets/equity _____

If using fiscal year, year end _____

Project Information

Project title _____

Amount requested (\$250–\$2,500) _____

Where will this project be located? _____

Brief project description: (75 words)

What do you propose to do and how does it relate to the Co-op's mission of building dynamic community of healthy individuals, sustainable local food systems, and thriving cooperative commerce? (125 words)

How are you going to do it? (150 words)

Why this project now? (125 words)

How much money is needed in total to complete the specific project for which you are applying? _____

Additional comments/narrative if necessary: (75 words)

Please summarize your project costs, including any in-kind donations (e.g. materials, labor, services).

Budget item	Total Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL EXPENSES	\$

What portion of the total expenses will be donated in kind?

Please specify which budget items listed above would be paid for with an HMCCF grant.

If your group receives an HMCCF grant, how do you plan to pay for remaining expenses, including donated materials and labor?

How/when will you know you're successful? (150 words)

Is this a one-time project or is it ongoing?

For ongoing projects, what is your long-term funding plan? (100 words)

Please provide the names of three references whom we may contact regarding the proposed project.

Name

Email

Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____

How will you recognize the Co-op if you receive a grant? (50 words)

Have you applied previously for an HMCCF grant? _____ If yes, what years? _____

Have you received an HMCCF grant? _____ If yes, what years and for what project(s)? _____

Application deadline: Tuesday, September 3, 2019

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