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***Mission:*** *To alleviate hunger for the children of Southwestern Pennsylvania*

*by providing grants to organizations addressing this need.*

*Grants for:* Allegheny, Beaver, Butler, Fayette, Greene, Washington, and Westmoreland Counties

**GRANT APPLICATION**

Deadline: July 31, 2024

|  |  |
| --- | --- |
| **Name of Organization:** |  |
| **Street Address:** |  |
| **City/Zip:** |  |
| **Website:** |  |
| **Phone:** |  |
| **Organization Federal ID:** |  |
| **Year Founded:** |  |
| **Parent Organization or**  **Fiscal Sponsor\*** |  |

**\*** (If not 501c-3, who will sponsor your project?

|  |  |
| --- | --- |
| **Program Director or Contact Person and Title:** |  |
| **Email and Phone Number:** |  |
| **Executive Director or CEO:** |  |

|  |  |
| --- | --- |
| **Organization’s Total Budget:** |  |
| **Amount Requested from Giving2Grow** |  |
| **Total Program Budget** |  |

|  |  |
| --- | --- |
| **Have you received funding from Giving2Grow previously?** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time period the grant will cover (using month/year):** | **from** |  | **to** |  |

By signing below, you affirm that your organization does not discriminate by race, creed, gender, sexual orientation, age, religion, disability or national origin.

**Executive Director/CEO Date**

**GRANT DESCRIPTION**

Describe the program for this grant, providing as much detail as necessary to ensure we understand its importance. Please include the following points in your narrative:

* The need being addressed
* The target population to be served - demographics, geographic area, number of anticipated participants
* The overall goals of the program
* How this program fits your organization’s mission
* Whether it is a new or continuing program.

**EVALUATION OF PROGRAM GOAL(S)**

Explain what steps will be taken to achieve your goal(s) for this program and how you will measure its success. Please include specific, measurable goals.

**FUNDING**

Describe how the Giving2Grow funds will be used. Please complete the G2G budget worksheet (Download

with [this link).](http://giving2grow.org/grant-information/)

If G2G would not be funding the entire program, how will the balance be funded?

**PLEASE NOTE: AT THE END OF THE CALENDAR YEAR GRANT RECIPIENTS WILL BE REQUIRED TO COMPLETE A FINAL EVALUATION REPORT BASED ON THE GRANT DESCRIPTION.**

**GRANT APPLICATION IS DUE JULY 31, 2024**

**INCLUDE THE FOLLOWING ATTACHMENTS:**

* Verification of 501(c)(3) status. Copies of the advanced or definitive IRS determination letters indicating 501(c)(3) tax-exempt status and public charities status. If your organization is not a 501(c)(3), please list your Fiscal Sponsor, address, and contact person. Please note that the 501(c)(3) Fiscal Sponsor will receive and oversee the funds on your behalf.
* Link to Form 990
* G2G budget worksheet

Submit all documents to [grants@giving2grow.org](mailto:grants@giving2grow.org)