



GRANT APPLICATION

(maximum request \$10,000) Due date: July 31, 2026

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 amount requested: _____

Purpose of Grant Application (1 sentence): _____

Part A: Organization Information

Legal Name of Organization: _____

Program Director/Contact Person (include Title): _____

Email _____ Phone # _____

Street Address: _____

City: _____ Zip: _____ County: _____

Website: _____ Phone: _____

Are you a 501c3 Organization YES/NO (You will be required to submit a copy of your 501c3 letter with your full application.)

If Yes, Organization Federal ID (EIN): _____ Year Founded: _____

If No, Legal Name of Fiscal Sponsor _____ Fiscal Sponsor EIN _____

Authorized Fiscal Sponsor contact (include Title): _____

Email _____ Phone # _____

Organization Description: Provide a brief description of your overall organization, its mission, history, and recent impact. (200-word limit)

Part B: Program Request Information

Program or Project Name: _____

Choose what best describes your proposed program/project:

_____ This is this a new project/program

_____ This is an existing project/program. Date this project/program started: _____

_____ This is an expansion of an existing project/program. Date this project/program started: _____

Previously funded by G2G: YES/NO If yes, what Year(s) _____

Needs Assessment: What is the need you are addressing? Who is your target population? Include the geographic area or community you support *and* the age range and number of children you anticipate serving through this program.

Program Description: Briefly describe your program. Include your goals and the strategies to achieve them. Describe the purpose of your project/program.

Project Timeline: When are you directly serving your target population?

____ Year round ____ Summer ____ School year ____ Other (explain)

Part C: Budget Information

Fiscal year-end date: _____

Organization's total budget (for current fiscal year): \$ _____

Project Budget(if different from organization's budget): \$ _____

Do you anticipate a material change in the organization's total budget or project budget in fiscal 2027? If so, please describe the change and provide an estimate, and use this projected estimate in when completing the budget form. If no material change is expected, use the fiscal 2026 budget.

Please Calculate: Giving2Grow request/Project or Total Budget = _____%

Number of Paid *Project* Staff: _____ Number of *Project* Volunteers: _____

Part D: Impact and Sustainability

Evaluation: Please explain how you will measure the effectiveness of your activities and the results you expect to achieve by the end of the funding period.

Impact: How many children will be served through this request? How will your request benefit children? Include how you plan to evaluate your program, the way you will measure the effectiveness of your activities, and the results you expect to achieve (e.g., approximate # of unique children served, # of meals, and/or # of visits, etc.).

Sustainability: How will you continue this work outside of Giving2Grow funding?

If Giving2Grow cannot fund your entire request, how will your project/program be funded? Indicate additional support funding for this project/program (secured or pending).

Please provide a list of organizations you network and/or collaborate with to further or enhance your project or mission.

Is there anything else about your program that you feel is important for us to consider?

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

_____ **Date:** _____
Authorized fiscal party (e.g., Director/CEO) GRANT APPLICATION IS DUE JULY 31, 2026

Include these *required* attachments:

- 1. Verification of 501(c)3 status of your organization or your fiscal sponsor. (Copy of the definitive IRS determination letter)**
- 2. Copy of (or link to) your or your fiscal sponsor's Form 990. If not applicable, please explain why not.**
- 3. List of your organization's officers and directors**
- 4. Completed G2G budget worksheet (Download sample worksheet from <https://giving2grow.org/grant-information/>)**