2022 REQUEST FOR FOOD PANTRY / EMERGENCY FOOD ASSISTANCE APPLICATION

For application FAQs, please visit phfgive.org/faq

PHF Mission:
To positively influence a healthier community through enhanced philanthropy and collaboration.

PHF Vision:
To influence a shared vision.
To foster collaborations and partnerships.
To build community capacity to shape outcomes.

FUNDING ELIGIBILITY

To be eligible to apply for grant funding through the Portage Health Foundation (PHF), your organization must be one of the following: a) registered 501(c)(3) non-profit organization;
b) government entity or local municipality; or
c) publicly funded institution of education.

To apply, the following conditions must be met and documentation **MUST** be included with the Request for Funding Application. **PHF will not consider incomplete applications**.

501(c)(3) Non-Profit Organization	Government Entity	Public Institution of Education
☐ Proposal budget	☐ Proposal budget	☐ Proposal budget
☐ Be domiciled in PHF service area	☐ Be domiciled in PHF service area	☐ Be domiciled in PHF service area
☐ Current IRS Tax-Exempt status letter	☐ Current IRS Tax-Exempt Status Letter	☐ Current IRS Tax-Exempt status letter
☐ Current 990 filing cover sheet	☐ Certified financial audit letter	☐ Certified financial audit letter
☐ Certified financial audit or CPA reviewed financial statements	☐ Completed application with supporting materials	☐ Completed application with supporting materials
☐ Current License to Solicit		
☐ Completed application with supporting materials		

If you have questions or need additional information, please refer to our Grant Policies and Guidelines on our website (www.phfgive.org/grants), email info@phfgive.org or contact our office at (906) 523-5920.

APPLICATION SUBMISSION

All application requests must be submitted on the Request for Funding Application form. The completed application must be received or postmarked no later than the deadline date noted on the RFP instructions.

Return completed applications to:

Portage Health Foundation   Phone: 906.523.5920
400 Quincy St., PO Box 299   Fax: 906.523.5925
Hancock, MI 49930   email: info@phfgive.org (as a PDF)

We consider applicants regardless of race, color, religion, sex, national origin, age, marital or veteran status.

Submission of an application is not an implied guarantee of funding.

APPLICANT INFORMATION

Organization Name: _____ EIN/Tax ID #: _____

Organization Website: _____

Organization Type: ☐ Non-Profit   ☐ School   ☐ Government

Organization Address: _____ _____ _____ _____
                                    Street/PO Box   *City*   *State*   *Zip*

Project Contact: _____ _____ _____
                            Name   *E-mail*   *Telephone*

Who will be responsible for grant reporting requirements: _____ _____
                                                                                    Name   *Contact Information*

Member authorized to submit application: _____ _____
(e.g., CEO – see FAQs on website for acceptable signatories)   *Name*   *Position*

Authorized member's signature: _____

PHF is unable to provide funding for individual or family fundraisers.

PROPOSAL INFORMATION

Project Name: _____ Application Date: _____

Project Start/End Dates: _____ Is this an existing project? ☐ Yes   ☐ No

Amount Requested: $_____ Date Funding is Needed: _____

TARGET POPULATION

Anticipated Number of Persons Served: _____ ☐ per Month   ☐ per Annum   ☐ per Project/Activity

County Served: ☐ Baraga   ☐ Houghton   ☐ Keweenaw   ☐ Ontonagon

PROPOSAL NARRATIVE

1. Brief explanation for what the grant monies will be used for?

2. How many individuals or families do you currently serve?

3. What community(s) do you serve?

4. Have you seen an increase in pantry and/or emergency food program usage this year? What data can you share with us regarding this increase?

PROPOSAL BUDGET

Total Amount Requested: $_____

Revenue Sources *(identify revenues related to the grant project as opposed to the organization's overall revenues – do not include amount requested from PHF)*:

Earned Income:	$_____
Corporate/Government Contracts:	$_____
Other, please specify: _____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

Total Revenue: $_____

Expense Items *(identify expenses related to the grant project as opposed to the organization's overall expenses)*:

Salaries/Wages *(please breakdown by individual position and attach additional pages if necessary)*:	$_____	FTE ☐	PTE ☐
	$_____	FTE ☐	PTE ☐
	$_____	FTE ☐	PTE ☐
	$_____	FTE ☐	PTE ☐
	$_____	FTE ☐	PTE ☐
	$_____	FTE ☐	PTE ☐
Insurance, Benefits, and Related Taxes:	$_____		
Consultants/Professional Fees:	$_____		
Travel:	$_____		
Supplies:	$_____		
Printing/Copying:	$_____		
Telephone/Fax:	$_____		
Postage/Delivery:	$_____		
Rent/Utilities:	$_____		
Depreciation:	$_____		
Indirect Costs, please specify: _____	$_____		
_____	$_____		
_____	$_____		
_____	$_____		
_____	$_____		
Other Costs, please specify: _____	$_____		
_____	$_____		
_____	$_____		
_____	$_____		
_____	$_____		

Total Expenses: $_____

Revenue Over/(Under Expense): $_____

If awarded funding, any expenditure variance(s) to the proposed budget will require a grantee to submit a Grant Amendment Request form.

APPLICATION CHECKLIST

Please make sure to submit the following documents as **PHF will not consider incomplete applications**:

☐ Application   ☐ Financial Information
☐ Proof of Tax Exemption   ☐ Proposal Budget
☐ License to Solicit Charitable Contributions   ☐ Form 990 cover sheet (page 1)

PHF RECOGNITION & FOLLOW-UP REPORTING

All grantees are required to recognize PHF as a funding provider on all printed materials and publicity for the project. Please contact the PHF office for our publicity policy and/or logo.

If awarded funding, all grantees are required to submit interim progress reports for the duration of the grant period (e.g., after first six months and then every three months) and a final report. Reports are due to PHF no later than seven (7) days after the reporting period ends (e.g., the reporting period ends 9/30/XX – progress report is due 10/7/XX; grant period ends 12/31/XX – final report is due 1/7/XX). PHF will work with all grantees regarding their reporting schedules. PHF reserves the right to revoke a grant award and/or deny subsequent requests for funding if PHF does not receive follow-up reports from a grantee.

DO NOT COMPLETE – PHF USE ONLY

Proposal Approved: ☐ Yes   ☐ No

Approved or Denied by: _____   Date: _____

Signature: _____   Title: _____

Grant Amount: $_____   Check #: _____   Check Sent: _____

Notes: _____

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