



FRESH FOOD DISTRIBUTION GRANT APPLICATION
Grant Period: January 11, 2021 – December 31, 2021
South Michigan Food Bank
info@smfoodbank.org

Organization Name: _____

501(c)3 / Church Affiliation: Yes No

Address (Street, City, State, Zip): _____

Tax Identification Number: _____

Contact Person: _____

Email: _____

Has your organization received funding from South Michigan Food Bank in the past two years?

Yes No If yes, state the amount: _____

Date FFD Established: _____

If seasonal, state the project start and end dates: _____

Frequency of FFD: Weekly Twice a month Monthly

County / Area Served: _____

Average number of clients served per distribution: _____

Other funding sources: Private/Individuals Foundation Grants
 Church/Organization Budget Other

If other, please explain:

Total Project Cost (Estimated): _____



NARRATIVE RESPONSE QUESTIONS (Short Paragraph)

Purpose of Grant:

Explain in detail how the grant dollars will be utilized and how you will impact the community.

How will your FFD be sustained beyond this grant?



How will your FFD be impacted if you do not receive this grant?

Tell a story of a client who has been positively impacted by your FFD site.

By checking this box and typing your name below, you are signing this grant electronically.

I Agree

Name of Responsible Party: _____