**Dare to Care Partner Investment Program 2025 Application**

**PARTNER INFORMATION**

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| --- | --- |
| **Organization Details** (where should we send the funds if awarded?) | |
| Name |  |
| Street Address |  |
| City, State, and Zip Code |  |

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| --- |
| **What is your organization’s partner designation?** *If you offer more than one type of food distribution, please select all designations that grant funds will be used for.* |
| ☐ Food Pantry ☐ Kitchen ☐ Residential/Shelter ☐ Kids Cafe ☐ School Pantry |

|  |  |
| --- | --- |
| **Contact Information – Primary Contact** (who is the main representative that communicates with Dare to Care that is responsible for the food distribution program?) | |
| Name |  |
| Title |  |
| Email Address |  |
| Phone |  |

|  |  |
| --- | --- |
| **Contact Information – Project Lead** (who will be the person responsible for implementation of this grant?) | |
| Name |  |
| Title |  |
| Email Address |  |
| Phone |  |

|  |  |
| --- | --- |
| **Contact Information – Executive Director** | |
| Name |  |
| Title |  |
| Email Address |  |
| Phone |  |

**PROJECT DESCRIPTION**

Please provide a brief explanation of why your organization is applying for this grant.

* What are you seeking to accomplish and how will the grant funds help you meet these goals
* How does your project relate to the 3 focus areas of 1) Neighbor-First; 2) Accessibility; and 3) Equitability?
* How will you ensure the sustainability of this project beyond the grant funding period?

*(Example: Our organization is requesting grant funds to purchase equipment to implement a full choice, grocery-style, shopping model. Our goal is to increase our neighbor’s satisfaction with the foods they receive and their overall experience with the food pantry. We plan to survey neighbors on their food needs and preferences, centering them in the decisions we make. We also plan to use these funds to translate our food needs and preferences survey into multiple languages to ensure equitable representation of the neighbors we serve).*

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**Select all project categories that apply**

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| --- | --- | --- |
| ☐ Launch *innovative solutions* | ☐ Strengthen *promising solutions* | ☐ Stabilize *critical partners* |

**PROJECT BUDGET**

How much funding is your program requesting?

|  |
| --- |
| $ |

If you are not awarded the full amount requested, will you still implement the project as described in this application? If so, how will you fund the remainder?

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Please provide itemized information on what you would purchase with the funds, including each item, quantity, vendor, and cost. (Please attach a detailed budget for your request).

**Example of budget format:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Vendor** | **Quantity** | **$ Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** | | | $ |

Is there any additional information you'd like our committee to know?

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All grant applications must be signed by the Executive Director of the organization.

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| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |
| **Printed Name:** |  | | |