



People's Food Co-op Community Fund Grant Application Guidelines

The People's Food Co-op Community Fund (PFCCF) was established by the People's Food Cooperative in 2003 with the specific mission of providing supplemental or project-specific funding to local non-profit organizations that have missions that are consistent with the goals of the People's Food Cooperative.

Priority will be given to grant requests for educational projects, developmental projects, and events that have a focus on, but are not necessarily limited to

- Food and Food Systems
- Nutrition
- Health and Well Being
- Sustainable Agriculture
- Cooperative Education
- Social Change

People of color, women, and members of other protected groups are strongly encouraged to apply.

Instructions:

Applications should be typed or printed legibly in black or blue ink.

Please use the Application Form (Page 2) as the cover to your request.

Responses to questions in SECTION I and SECTION II should be no longer than three (3) pages.

Please attach a copy of the Internal Revenue Service determination letter indicating the 501 (c)(3) status of your organization.

Also attach any relevant information about the organization, such as marketing materials, letters of support, and financial statements relevant to the application.

Applications must be received by June 15 of the current year at 5 p.m. Mail applications to PFCCF Grant Committee, c/o People's Food Co-op, 315 5th Avenue South, La Crosse, WI 54601

Grants will be announced on August 31; applicants will receive a written decision at that time.

Questions about the grant process can be directed to Lizzy Haywood, People's Food Co-op General Manager, at 608-784-5798 x1000 or via email to liz.haywood@pfc.coop.

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Name of Applicant Organization:

Address:

Contact Person / Title:

Phone Number: _____ Tax Exempt No. _____

Email Address: _____

Amount Requested: _____

Has your organization adopted a policy stating that the organization does not discriminate on the basis of age, race, religion, gender, marital status, sexual preference, disability or national origin?

YES _____ NO _____

Check all categories to which your request applies.

_____ Food

_____ Nutrition

_____ Health/ Well Being

_____ Sustainable Agriculture

_____ Cooperative Education

_____ Social Change

List the current funding sources for your organization and provide two (2) contact names and phone numbers that we may contact as references.

Signature of

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SECTION I

1. Outline your project or program and explain specifically how the requested funding will be used. Include information about the scope of the project or program, including total funding costs. List all other sources of real or potential funding for this project or program and a projected completion date.
2. Briefly describe the intended outcomes of the proposed project and projected benefits to people, the organization, or the community as a result of the project.
3. What information will be collected to measure the effectiveness of the project? How will it be collected?

SECTION II

4. What are your organization's qualifications for administering this project?
5. Include a brief history of the organization and how it is governed.
6. Describe any of your organization's past projects/programs that have helped to serve our community at a grassroots level.

SECTION III

7. Required success report. Organizations that are awarded grants by the PFCCF are required to provide a 12-month follow-up success report summarizing the outcomes of the project/program and evaluation results (see Steps 2 and 3 above). These materials will be used to further promote awareness, recruit other potential grant applicants, as well as raise funds for the PFCCF.