



YOU FEED THEM GRANT APPLICATION

Date of Application _____

Church _____

Address _____ City _____ Zip _____

Name of Pastor _____

Address _____ City _____ Zip _____

Phone # _____ Cell Phone # _____

Email Address _____

Name of Food Program Chair _____

Address _____ City _____ Zip _____

Phone # _____ Cell Phone # _____

Email Address _____

Name of Project _____

PLEASE ANSWER THESE QUESTIONS AS THOROUGHLY AS POSSIBLE. IDENTIFY NUMBER OF THE QUESTION TO WHICH ATTACHMENTS PERTAIN:

- 1) Give a summary of the history of this project/need.
- 2) List the current goals and objectives of the project.
- 3) List a time schedule for the accomplishment of these goals and objectives
- 4) Attach a plan of action, describing in detail how these goals and objectives will be met.
- 5) How did those planning the project decide upon these goals and objectives?
- 6) Submit a projected budget for this project. How much will it cost to implement and maintain?
- 7) For what specific purpose will this grant be used?
- 8) How will the project be modified if full funding is not available?
- 9) What is the amount you are requesting in this application?

Mail this form along with all requested paperwork to:

Christian Women Connection, You Feed Them, PO Box 2328, Anderson, IN 46018