



FOOD PANTRY ASSISTANCE REQUEST - GUIDELINES



2020 marks the fourteenth year that Rockland Community Foundation has partnered with Inserra (Shoprite) Supermarkets to help provide much needed assistance to area food pantries. Inserra's generous dollar-for-dollar match allows us to make a gift of \$500.00 in Shoprite Gift Cards to up to fourteen Rockland County Food Pantries. Cards will be presented to the awarded agencies throughout the month of October.

Eligibility & Review Criteria

This program provides assistance to food pantries. The organization must be or must have an **active food pantry** serving the Rockland County Community. The application must be complete, clear and concise. Prior grant recipients are eligible to apply again.

Review Process

All applications are reviewed by the Grants Committee of, and approved by the Board of Directors of, the Rockland Community Foundation.

Only complete applications will be considered. APPLICATIONS MAY BE SUBMITTED ONLINE (please ZIP your application into one folder.) or mailed to the address below. DO NOT use any staples in your application if mailing it.

**Rockland Community Foundation
Food Pantry Assistance Program
P.O. Box 323
New City, NY 10956
Email: admin@rocklandgives.org**

**APPLICATIONS MUST BE EMAILED OR POST-MARKED BY
WEDNESDAY, SEPTEMBER 30, 2020.**

The Rockland Community Foundation can be of assistance to you as you prepare your application, please feel free to contact:

Phone: (845) 947-2868 / email: admin@rocklandgives.org



2020 Food Pantry Assistance Request

Maximum grant award per food pantry is \$500; up to twelve awards will be given

ORGANIZATION INFORMATION

Please type or print clearly

Applicant/Organization		
Mailing Address		
City	State	Zip
Telephone	Fax	County
Website		
Executive Director	Email	
Contact Name (if different)	Email	
Title	Phone	

TAX STATUS

(Please complete and attach a copy of your organization's IRS determination letter.)

Tax Status (choose one) <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> Faith-based Institution <input type="checkbox"/> Other(explain) _____	
_____ Not a nonprofit organization, per IRS; we have a fiscal sponsor.	
Sponsoring Organization*	
Tax ID #	Date of incorporation

*Please submit a letter from Sponsoring Organization stipulating they have agreed to serve in this capacity. Please also submit a copy of the Sponsoring Organization's tax determination letter.

ORGANIZATION'S MISSION

Include a brief statement of organization's objectives and/or activities. You may attach a separate sheet and include a brochure, pamphlet or similar materials.

Organization annual operating budget: \$ _____ Audited? _____ No _____ Yes _____ date

Food Pantry annual operating budget \$ _____

SUMMARY OF REQUEST

Geographical area served:	Number of people/families served Weekly/monthly/annually:
Pantry hours of operation (Please include days of the week):	
Is there any other information we might need to better understand your request and/or the unique needs of the community that this request will serve?	

COLLABORATIONS AND OTHER SUPPORT

Please tell us if you are collaborating with any other organizations.
(Include name of the organization(s) and amount of support requested and/or expected.)

REQUIRED ATTACHMENTS*

- _____ IRS tax determination letter
- _____ Current board list
- _____ Current year operating budget
- _____ Most recent financial audit (if available)
- _____ Organization statement of non-discrimination

*For applicants utilizing a fiscal agent, the fiscal agent must submit all the required attachments. The applicant should also submit all available attachments.

Signature

Date

Print Name

Title