

Dear Partner Agency,

As part of Foodshare's commitment to ending hunger in greater Hartford and providing the best possible support to Foodshare's partner agencies, Foodshare has established the Food Credit Grant through its Partnership Program. This grant seeks to assist agencies that may have difficulty paying their handling fees.

Eligible agencies may apply once every six months for up to a \$500 matching grant. There is no deadline for applications and grants are awarded on a rolling basis. An agency must be a food bank partner for a minimum of six months.

Complete the application and enclose a check for the amount to be matched. Your contribution plus Foodshare's matching award will be credited to your account, to be applied to future orders. If Foodshare does not approve the award, the check will be voided and returned to your agency.

- **Funds will not be used to pay for past invoices**—funds will be applied only to invoices generated after the award is made.
- **All funds (including the agency contribution) must be used by the end of the year following the year in which the award was made.** For example, any award made in 2017 must be used (along with the agency contribution) by December 31, 2018. Any remaining funds will be reallocated for use by other agencies. Funds will also be reallocated should you close your Foodshare account.

Please mail the completed application and a check for the amount to be matched (\$500 or less) to the address below. You will be notified as to the status of your grant application within two weeks of its receipt. We look forward to hearing from you!

Sincerely,

Vinh Vuong
vvuong@foodshare.org
Agency Services Coordinator
(860) 286-9999 x113

Foodshare, Inc
450 Woodland Ave.
Bloomfield, CT 06002
(860) 286-7860 fax

CONTACT & PROGRAM INFORMATION

AGENCY NAME

AGENCY ID

DATE SUBMITTED

CONTACT PERSON (FOR GRANT APPLICATION)

TITLE

EMAIL ADDRESS

PHONE

FAX

ADDRESS (WHERE GRANT AWARD SHOULD BE MAILED)

CITY

ST

ZIP

PROGRAM DESCRIPTION & RESOURCES

Describe the program and how food assistance is a part: _____

What is the overall annual budget for the program? \$ _____

What is the annual food budget for the program? \$ _____

Amount of grant request (\$500 maximum): \$ _____

Why does the program need financial assistance? _____

FOR FOODSHARE USE ONLY

Applicant approved: Matching

DATE CHECK RECV'D

CHECK NUMBER

CHECK AMOUNT

DATE CREDIT POSTED

Not approved

Check returned

Notified via email