



Dear Food Distribution Program,

Thank you for your interest in The WSOY Community Food Drive! We would like to learn more about your organization and how we may be able to work together to fight hunger. All applicants must currently be providing food assistance. The application process is outlined below.

- Application is reviewed and assessed by The WSOY Food Drive Committee (herein known as Committee) based on information provided.
- Fund availability from the 2024 WSOY Community Food Drive is not guaranteed.
- Fund availability is also determined by donations received during the 2024 WSOY Community Food Drive. (Currently scheduled for October 4th. Subject to change).
- Should a WSOY Community Food Drive grant be awarded, the funds must solely be used for the purchase of food. Funds **CAN NOT** be used for administrative costs, transportation, delivery, food storage or processing or other programs/services offered by your agency.
- Prior to grant approval, the Committee may require a scheduled visit to your organization. The site visit is to confirm the program information you've provided and to review compliance of the requirements of the WSOY Community Food Drive grant.
- Completion of this grant application is considered a signed agreement that all funds received will be used for the purchase of food.

Please complete the following application in full. Applications can be emailed to lindsayromano@CIMG.media or mailed to:

WSOY Food Drive
132 S Water St Suite 604, Decatur, IL 62523

For questions, please call 217-972-1992.

Program Application:

Date: _____

Name of Organization: _____

Telephone: (____) _____

Mailing/Billing Address: _____

City _____ State _____ Zip Code _____ County _____

Director Name: _____ Phone: (____) _____

Director Email: _____

Organization website address: _____

Facebook: _____

Other: _____

How long has your organization been in operation? _____

Have you received WSOY Food Drive grants in the past? Y N

If yes, list year(s): _____

Is your organization an affiliate of a larger organization? (Example: Church) Y N

If yes, list name and address of this organization? _____

City _____ State _____ Zip Code _____ County _____

Does your organization possess a 501(c)3/Public Charity Status? Y N

**If yes, submit copy of IRS Determination letter with application.*

How many staff/volunteers help you operate your food program? Staff _____ Volunteers _____

Staff total weekly hours: _____ Volunteers total weekly hours: _____

Does your organization have an active board? Y N

If yes, how often do they hold board meetings? _____

**Please submit a separate list of Board Members and contact information.*

Please describe your organization's purpose/mission statement:

Please define the geographic area or boundaries your organization serves:

Are there restrictions on where clients reside? Y N

Example: Clients must reside in designated zip codes or street boundaries to be eligible for assistance.

Please define these restrictions:

If it is a religious organization, is your food assistance program open to non-church members? Y
N

How does your organization notify the public about your hunger relief program? Check all that apply:

- Signs on property
- Website
- Radio
- Newspaper
- Referral Program

- o Other: _____

Check all clients served by your hunger relief program.

- o Children Only (0 – 18 years of age)
- o Seniors (60+ in age)
- o Individuals of all ages
- o Disabled
- o All the above

Check options reflective of your food program (all that apply):

- o Shelter
- o Soup Kitchen
- o Pantry
- o Other _____

Is 50%+ of the clients served considered low income and/or participating in government assistance programs? **Examples of assistance programs: WIC, SNAP, LIHEAP etc.* Y N

Does your organization require income eligibility? Y N

How does your organization determine if a client is eligible for your food program? Check all that apply:

- o Photo ID
- o Proof of Income
- o Proof of Address
- o Intake/Counseling Process
- o None required
- o Other: _____

What is most true about your distribution method? Check only one.

- o Client Choice - (Clients can choose ALL items they receive)
- o Preassembled Boxes – (Clients are handed a box/bag of pre-packed food products – no choice or ability to express dietary needs)
- o Mix of Client Choice/Preassembled Boxes – (A combination of both styles)

- o Other Method: _____

Which days and hours will clients be able to receive food? List Hours of Distribution:

How many unduplicated households are served annually? _____

How many unduplicated individuals will be served annually? _____

Total number of households (unduplicated or returning) served annual by your organization:

Does your organization do holiday distribution? Y N

If yes, list holidays or seasons: _____

**Example: Summer camps, snacks at community festivals | Thanksgiving outreach baskets, Holiday meal baskets.*

FINANCES

How is your food program funded? Check all that apply.

- o Donations (Congregation/Private Funders)
- o Events/Fundraisers
- o Grants
- o Organization Budget (Such as church budget)
- o Food Drives/ Other: _____

Of the above funding methods:

- # of Grants applied for in FY 23/24 (Federal, State, Private) _____
- # of Events/Fundraisers conducted FY 23/24 _____
- Explain how you outreach and raise awareness for private donations?

Will you charge clients for your food program? Y N

If yes, please explain: _____

What will be your annual food budget? \$ _____

Budget breakdown

**Please complete and submit the Organization/Food Program Budget section below for FY24.*

***You may submit your organization's budget form in place of the template provided.*

****Budget may be verified for accuracy.*

- o Please see attached organization budget in place of this template.

Program budget form for fiscal year _____ TO _____

INCOME

Government Grants	Amount:
Foundations	Amount:
Corporations	Amount:
United Way or other campaigns	Amount:
Individual contributions	Amount:
Fundraising events or products	Amount:
Membership income	Amount:
In-Kind Support	Amount:
Investment Income	Amount:
<u>Revenue:</u>	
Government contracts	Amount:
Earned income	Amount:
Other: (Specify)	Amount:
Other: (Specify)	

TOTAL INCOME: _____ Amount: _____

EXPENSES _____

Salaries and Wages (Breakdown by position)

Full or part time:

	Amount:	
	Amount:	
	Amount:	
	Amount:	
	Amount:	
Insurance benefits and related taxes	Amount:	
Consultant and professional fees	Amount:	
Travel	Amount:	
Equipment	Amount:	
Rent	Amount:	
Utilities/ Phone	Amount:	
Copy/ postage	Amount:	
Supplies	Amount:	
In kind expenses	Amount:	
Depreciation	Amount:	
Food Expenses for program	Amount:	
Other (Specify):		Amount:

TOTAL EXPENSES: Amount: _____

BALANCE OF INCOME V EXPENSES: Amount: _____

TO BE COMPLETED BY ALL APPLICANTS

How did you hear about The WSOY Community Food Drive? Check one:

- Website
- News media
- Social Media
- Referral: Who? _____
- Other: _____

***By signing below, we (applying agency) agree that the information provided is complete and accurate to the best of our knowledge. **Should our organization receive funding from the 2024 WSOY Community Food Drive, we (applying agency) agree to the stipulation that all funds received will be used for the purchase of food.**

Signature _____

Print name: _____

Title within organization: _____ Date: _____

Email _____

Telephone _____