

## Application for Hunger Fund Grant

(This application may be used for direct food relief, administrative expenses or development assistance.)

**This application is for (Please select one. A separate application must be submitted for each type of aid requested.)**

- Direct Food Relief (Funds used solely for food assistance)**
- Administrative Expenses (Nonfood related operating expenses)**
- Developmental Assistance (Upgrading of facilities or equipment or development of a new or expanded program)**

**If you need more space for any answer below, please attach another sheet.**

Name of Church(es) endorsing application: \_\_\_\_\_

1. Name of food relief program: \_\_\_\_\_
  - a. Address: \_\_\_\_\_
  - b. Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_
  - c. Days/hours of operation: \_\_\_\_\_
  - d. This food relief program is governed by (Choose one) \_\_\_\_\_ ecumenical group \_\_\_\_\_ local congregation.
2. Specific geographic area served by program: \_\_\_\_\_
3. Describe the program (Hunger related problem being addressed, goals and objectives of the program, history of program, ways program has developed over the years)
4. Describe your food project distribution policy:

5. On average how many households are served each month? \_\_\_\_\_  
individuals? \_\_\_\_\_
6. Total annual budget for your program (including balance on hand): \_\_\_\_\_  
List sources of income:
7. Grant amount requested from Presbytery of West Virginia: \_\_\_\_\_
8. Describe specifically how funds will be used:
9. Date of this application: \_\_\_\_\_
10. Person making application \_\_\_\_\_  
(Signature)
11. Clerk of Session \_\_\_\_\_  
(Signature)
12. Check to be made payable to: \_\_\_\_\_
13. Address to mail check: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return application to:

Presbytery of West Virginia  
c/o Mission Committee  
PO Box 11720  
Charleston, WV 25339