**FOOD SECURITY FUND APPLICATION**

\* = Required Field

Organization Name:\*

Name of Person Submitting Application:\*

Email Address:\*

Phone Number:\*

**ORGANIZATIONAL INFORMATION**

Executive Director:\*

Executive Director Email:\*

Executive Director Phone:\*

Physical Street Address:\*

City:\* Zip Code:\*

Mailing Address (if different from physical address):

Main Office Phone:\*

Organization Website:\*

Organization Tax ID #:\*

Year Founded:\*

***For non-tax-exempt organizations, there must be an eligible nonprofit fiduciary or partner to receive UWPC funds.***

Tax Exempt Status: (radio button) \*

* Independent 501c3
* Faith-based tax-exempt organization
* Using fiscal sponsor (please identify below)

If you indicated “using a fiscal sponsor” above, please identify your fiscal sponsor organization here:

Please upload copy of your organization’s or fiscal sponsor’s 501c3 IRS Tax Exemption Notification Letter: (FILE UPLOAD)\*

Please share your organization’s mission statement:\*

Please confirm that your organization has the following required documentation in place: (checkbox)\*

* Nondiscrimination policy that confirms to federal, state, and local laws in the employment and promotion of staff, recruitment and use of volunteers, and in the delivery of service to customers
* Sexual harassment policy

Please upload your organization’s current Board of Directors roster: (FILE UPLOAD)\*

Our organization certifies that our Board (check all that apply):\*

* Has a formally organized structure
* Sets the organization’s strategic direction
* Ensures program/service effectiveness
* Provides financial oversight
* Ensures legal and ethical integrity
* Accountable to the community
* Representative of the community we serve
* Establishes policies for effective management of our organization

Board Demographics: What % of your Board identify as Black, Indigenous, and People of Color (BIPOC)? (radio button)\*

* 0-25%
* 26-50%
* 51-75%
* More than 75%

Leadership Demographics: What % of your organization’s leadership identify as Black, Indigenous, and People of Color (BIPOC)? (radio button)\*

* 0-25%
* 26-50%
* 51-75%
* More than 75%

Staff Demographics: What % of your staff identify as Black, Indigenous, and People of Color (BIPOC)? (radio button)\*

* 0-25%
* 26-50%
* 51-75%
* More than 75%

Please upload your organization’s current fiscal year operating budget: (FILE UPLOAD)\*

**FUNDING REQUEST**

Amount requested: (min: $5,000; max: $20,000):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the specific issue of food insecurity and equity that your work aims to address: \*

How many individuals/households do you expect to provide food for annually with this funding?\*

How many pounds of food can you expect to distribute annually with this funding?\*

Which of the following strategies is the organization using to ensure food security for its customers: (select all that apply)\*

* Providing culturally preferred foods
* Increasing access to nutritious food for those without access
* Increasing system capacity (new greenhouse, commercial kitchen, etc.)
* Increasing food supply through gardening or farming related to emergency food provision
* Other (please explain)

If you selected “other” above, please share the strategy(ies) here:

In what area will this funding have an impact (select all that apply): (checkbox)\*

* 98404
* 98405
* 98408
* 98409
* 98433/39/99
* 98444/45
* 98465
* Key Peninsula area
* Other (please share which zip codes area(s) along with data to support your focus on this area below)

If you checked “other” above, please share additional zip code areas you prioritize and data/rationale for prioritizing:

What is your physical proximity to the areas selected above? How do you make accommodations to provide services without burdening customers?

What percent of your program participants identify as Black, Indigenous, and People of Color (BIPOC)? (checkbox)

* 0-25%
* 26-50%
* 51-75%
* More than 75%

Outline the key activities and interventions that will be implemented to address food insecurity and equity\*

List any partnerships and/or collaborations and describe their roles and contributions to this work\*

Describe how your organization engages those most impacted by food insecurity in the planning and implementation of your work. Describe your organization’s community outreach strategy.\*

What data do you collect, and how do you use data to show you are making progress toward your organization’s stated goals and to inform continuous improvement?

**PROGRAM ACCESSIBILITY**

How do your services emphasize customer choice and self-determination?\*

1. Services are affordable? (checkbox)\*
	* Free services
	* Other: (please explain)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ADA Accessible? (radio button)\*
* Yes
* No
1. Physically accessible? (checkbox)\*
* Close to bus stop
* Organization provides transportation
* Mobile food pantry
* None of the above
* Other: (please explain)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Accessible scheduling? (checkbox)\*
* Open evening hours
* Open weekends
* On-demand and/or same-day services
* Open early morning
* Open holidays
* None of the above
* Other (please explain)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Accessible by language? (checkbox)\*
* Written materials translated in languages other than English
* Staff speaks languages other than English
* Interpretation on demand available
* ASL available
* None of the above
* Other: (please explain)

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