



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 2018 WSOY Community Food Drive is not guaranteed.
- Fund availability is also determined by donations received during the 2018 WSOY Community Food Drive. (Currently scheduled for October 5<sup>th</sup>. Subject to change) Funds must first be fully processed before distribution can begin.
- 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.
- Fund recipients agree to sign agreement of WSOY Community Food Drive requirements that all funds be used for the purchase of food.

Please complete the following application in full. Applications can be emailed to [lindsayromano@neuhoffmedia.com](mailto:lindsayromano@neuhoffmedia.com) or mailed to:

WSOY Community Food Drive  
250 N. Water St., Suite 100  
Decatur IL, 62523.

For questions, please call 217-423-9744 and ask for Lindsay.

Thank you again for your interest!

**Program Application:**

**PROGRAM/ ORGANIZATION SERVICES & CLIENT INFORMATION**

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_ \_ \_ \_ \_ County \_\_\_\_\_

Director Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Director Email: \_\_\_\_\_

Organization website address: \_\_\_\_\_

Facebook: \_\_\_\_\_

Twitter: \_\_\_\_\_

Other: \_\_\_\_\_

Address of Food Storage/Distribution Facility: *\*Submit separate listing of all storage and food distribution addresses, if more than one location.*

Location #1

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_ \_ \_ \_ \_ County \_\_\_\_\_

Director Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Location #2

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_ \_ \_ \_ \_ County \_\_\_\_\_

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 list of Board Members and contact information.*

Please describe your organization's purpose/mission statement:

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Please define the geographic area or boundaries your organization serves:

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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: \_\_\_\_\_

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If 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

Other: \_\_\_\_\_

Check all clients served by your hunger relief program.

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

Check options reflective of your food program:

- Shelter
- Soup Kitchen
- Pantry
- Other \_\_\_\_\_

Are 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

If so, how does your organization determine if a client is eligible for your food program? Check all that apply:

- Photo ID
- Proof of Income
- Proof of Address
- Intake/Counseling Process
- Other: \_\_\_\_\_

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

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

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 primarily funded? Check all that apply.

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

Of the above funding methods:

- How often did you conduct/apply for donations during your last fiscal year? \_\_\_\_\_
- # of Grants applied for \_\_\_\_\_
- # of Events/Fundraisers conducted \_\_\_\_\_
- # of Food Drives conducted \_\_\_\_\_
- 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. \*\* Only provide budget information for your food program. If you are affiliated with another organization such as a church, please provide income and expenses for your food pantry/ feeding program only.*

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

Please see attached organization budget in place of this template.

Program budget form for fiscal year \_\_\_\_\_ To \_\_\_\_\_

### INCOME

#### Support:

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: _____

#### Revenue:

Government contracts	Amount: _____
Earned income	Amount: _____
Other: (Specify)	_____
	Amount: _____
Other: (Specify)	_____
	Amount: _____

<b>TOTAL INCOME:</b>	Amount: _____
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### EXPENSES

#### Item:

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:
Other (Specify):		Amount:
Other (Specify):		Amount:
Other (Specify):		Amount:

<b>TOTAL EXPENSE:</b>	Amount:
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<b>DIFFERENCE (Income less Expense:</b>	Amount:
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**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 agree that the information provided is complete and accurate to the best of our knowledge:**

Signature \_\_\_\_\_ Print name: \_\_\_\_\_

Title within organization: \_\_\_\_\_ Date: \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_