Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your organization have 501(c)(3) status? If so, we reserve the right to request documentation. Yes\_\_\_ No\_\_\_
2. Please provide a brief description (100 words maximum) of the program or project for which you are seeking a mini-grant and explain how it will impact food insecurity in the Dayton region.

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1. Who does your project intend to serve?

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

1. What grant amount does your organization request? ($500-$5,000)

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

1. Has your organization received other funds for this project? If so, please explain.

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1. Please complete your project budget below.

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|  |  |  | SFY 2021 | SFY 2022 |
| Cost Category | | | Cost | |
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| Total Budgeted Amount | | |  |  |

**Please mail completed application form to the following address:**

**Hall Hunger Initiative**

**1401 S Main St**

**Dayton, OH 45479**