

Community Food Fund 2025-2026 Grant Application Form

Applications must be received by 5:00pm on Monday, December 1, 2025.

If you have any questions, please contact Katie Duffy (Program Analyst) at kmduffy@ihis.org.

Section 1: About Your Organization	
1.1	Name of contact person:
1.2	Name of organization (if applicable):
1.3	Mailing address:
1.4	Phone number(s):
1.5	E-mail address(es):
1.6	<p>Please describe the nature of your organization:</p> <p><input type="checkbox"/> Registered charity. If yes, charity number: _____</p> <p><input type="checkbox"/> Incorporated entity. If yes, incorporation number: _____</p> <p><input type="checkbox"/> Neither. Please describe: _____</p>
1.7	Geographic region served:
1.8	<p>Type of service: (Choose the option that best describes your organization)</p> <p><input type="checkbox"/> Community Fridge</p> <p><input type="checkbox"/> Food Cupboard</p> <p><input type="checkbox"/> Food Pantry</p> <p><input type="checkbox"/> Food Hamper</p> <p><input type="checkbox"/> Food Share</p> <p><input type="checkbox"/> Food Bank</p> <p><input type="checkbox"/> Other (please describe): _____</p>

Section 2: Service Delivery Model	
2.1	<p>Please describe the infrastructure related to this service: (Check all that apply)</p> <p> <input type="checkbox"/> In an existing building <input type="checkbox"/> In separate external structure solely for food <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Shelves for non-perishable foods </p> <p>Description of facility:</p> <p>As part of your application, please attach photos of your facility and infrastructure.</p>
2.2	<p>Estimated number of individual clients served each week. For clarity, all family members should be counted as individual clients (if possible/ known).</p>
2.3	<p>Please describe any measures involved in the administration of this service, including hours of operation, staff or volunteers on site, allocation limits, etc.</p>
2.4	<p>Please describe any partnerships that you have with other organizations in relation to food programming.</p>

Section 3: Financial Information	
3.1	Funding amount requested: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
Note: A maximum of \$10,000 per project will be awarded.	
3.2	Other funding sources you have accessed in the last two fiscal years: (Check all that apply) <div style="margin-bottom: 10px;"> <input type="checkbox"/> Federal (e.g., New Horizons) </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Provincial (e.g., Seniors Community Meal Grant, Island Community Food Security Program) </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Municipal </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> PEI Association of Food Banks </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Other </div> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>
Please describe all funding sources identified above. <div style="border: 1px solid black; height: 100px;"></div>	
3.3	In the space below, please identify how your organization will spend the funds. This includes identifying the types of food you will purchase (e.g. non-perishable goods, fresh produce, frozen goods, etc.), and the frequency of purchases (e.g., one time versus recurring). <div style="border: 1px solid black; height: 200px;"></div>
Please note: <ul style="list-style-type: none"> All funds from this grant <u>must</u> be spent to purchase food for clients. This funding <u>cannot</u> be used for buildings, infrastructure, equipment, salaries, or rent. Organizations seeking support for these expenses may be eligible for funding under the Island Community Food Security Grant Program. 	

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Please review the application prior to submission to ensure all sections of the application are complete. Incomplete applications may not be considered.