Community Food Fund
2026-2027 Grant Application Form

Section 1: About Your Organization
1.1 Name of Contact Person:
1.2 Name of Organization:
1.3 Mailing Address:
1.4 Phone Number(s)
1.5 E-mail Adress(es)
1.6 Please describe the nature of your organization: ☐ Registered Charity. If yes, charity number: _____ ☐ Incorporated entity. If yes, incorporation number: _____ ☐ Neither. Please describe: _____
1.7 For groups not eligible to enter into a funding agreement, a partner organization must be identified. This organization must be willing to accept funding on your organization's behalf. **Name of partner organization:** _____ **Name of contact person at partner organization:**_____ **Contact information for partner organization:** _____ **Letter of support from partner organization attached?** Yes ☐ No ☐
1.8 Geographic region served (based on direct knowledge of residents accessing support from you organization)

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

Section 2: Service Delivery Model

2.1 Type of Service
(Choose the option that best describes your organization)

☐ Community Fridge
☐ Food Cupboard
☐ Food Pantry
☐ Food Hamper
☐ Food Share
☐ Food Bank
☐ Soup Kitchen
☐ Other: (please describe)_____

2.2 Infrastructure on site (check all the apply)

☐ In an existing building
☐ In separate external structure solely for food
☐ Refrigerator included
☐ Freezer included
☐ Shelves for non-perishable foods

Description of facility:

2.3 Oversight of Service (check all the apply)

☐ Open 24/7, self-serve, no supervision
☐ Self-serve with operating hours, no supervision
☐ Volunteer run, Mon-Fri, 9-5
☐ Staff run

Please describe:

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2.4 Do you limit the amount or frequency of food support that can be accessed through your organization? If so, please describe.

2.5 Do you partner with any other organizations in relation to food programming? If yes, please list the organization and describe.

Section 3: Organization Statistics

3.1 How do you measure and monitor the number of people your organization provides food items to?

3.3 How many <u>unique individuals</u> receive food support through your organization each month? (Please estimate if exact number is not known)

Adults:_____
Children:_____

Note: Weekly statistics should be multiplied by four for this calculation.

Please note that organizations may be contacted for additional details on client demand to consider applications and funding allocations.

Section 4: Financial Information

4.1 Funding amount requested: (Note: A maximum of $10,000 per project will be awarded)

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4.2 Other funding sources you have accessed in the last two fiscal years: (Check all that apply)

☐ Federal (e.g., New Horizons)
☐ Provincial (e.g., Seniors Community Meal Grant, Island Community Food Security Fund, core funding)
☐ Municipal
☐ PEI Association of Food Banks
☐ Other:_____

Please describe all funding sources, including amounts, identified above.

4.3 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).

Please note:

- All funds from this grant must be spent to purchase food for clients.
- This funding cannot be used for gift cards, non-food items, buildings, infrastructure, equipment, salaries, or rent. Organizations seeking support for these expenses may be eligible for funding under the Island Community Food Security Program.

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