

| FO | UNDATION® |
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| | f y in 🛛 🖡 Follow |
| 2019 Community First Grant: (| Community |
| Partner Application | Sommanity |
| Ends on May 4, 2021 | |
| | |
| Will your project help broaden access to f | Frach healthy food in your community? * |
| Yes | resh, healthy lood in your community i |
| No No | |
| | |
| Is your organization registered as a 501(c) |)3 nonprofit or are you partnered with a 501(c)3 nonprofit? * |
| Yes | We are only able to provide funds to 501c3 registered nonprofit |
| No | organizations. |
| | |
| Does your work focus on long term food a redistribution or produce donation progra | access? This grant will NOT be the best fit for food ams. * |
| • Yes | |
| No No | |
| | |
| No Is your program focused on serving adult: | |
| • Yes | This grant will NOT be the best fit for programs primarily focused on |
| No | children or based in schools. |
| Organization's Name * | |
| | |
| | |
| Mailing Address * | |
| | |
| | |
| | |
| Physical Address (if different) | |
| | |
| | |
| | |
| Website | |
| | |
| | |
| Facebook page | |

| We love spreading the word about our partners' great wor Whole Cities Foundation permission to share photos and | Rease indicate which platform content in our communication an |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| educational materials. * | |
| U Website | |
| Facebook | |
| □ Instagram | |
| □ None of the above | |
| | |
| For a the Directoria Name * | |
| Executive Director's Name * | |
| | |
| | |
| Executive Director's Email * | |
| | |
| | |
| | |
| Executive Director's Phone Number * | |
| | |
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| | |
| Main Contact's Name * | |
| | |
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| Main Controlla Empil * | |
| Main Contact's Email * | |
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| Main Contact's Phone Number * | |
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| What year was your organization established? * | |
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| | |
| Fiscal agent's name (if applicable) | |
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| Relationship with fiscal agent (if applicable) | |
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| | A |
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| Please list your or your fiscal agent's EIN: * | |
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| | |
| Please summarize your organization's main goals and act | ivities: * |
| i isase summarize your organization's main goals and act | |
| | |
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| | |
| Limit: 300 words | |
| Please tell us about your organization's fresh, healthy foo | d access work. * |
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SANPLE

| O Urban Farm | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| | | |
| O Agricultural Skills Dev | velopment | |
| O Farmers Market | | |
| O Pop Up Market | | |
| O SNAP Incentive | | |
| O Mobile Market | | |
| O Healthy Cooking Class | 5 | |
| O Other | | |
| | | |
| | | |
| | rn income from the sale of pro | |
| ○ Yes | | This does not include grant funding or donations. |
| ○ No | | |
| | | |
| If yoo how dooo your | r project earn income? | |
| ii yes, now uses your | project earn moome i | |
| | | |
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| | | ĥ |
| | | |
| | ou would spend a \$5,000 grant fresh, healthy food access goa | from Whole Cities and how these expenses would |
| neip you reach your r | icon, neutry rood docess god | |
| | | |
| | | |
| | Limit: 300 words | |
| | | |
| How will this work im | pact the local community in w | vays besides fresh, healthy food access? * |
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| | Limit: 300 words | |
| | | |
| please list the busine | with any other businesses, org esses, organizations, or individ | panizations, or individuals on this project? If so, duals you partner with and their roles in this fresh |
| Will you be working w please list the busine healthy food access p | with any other businesses, org esses, organizations, or individ | ganizations, or individuals on this project? If so, duals you partner with and their roles in this fresh |
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| please list the busine healthy food access p Please provide a proj Please provide a proj How is your organizal and volunteers memb committee? * | with any other businesses, org esses, organizations, or individ projects. * <i>Limit: 300 words</i> lect timeline for your fresh, heat tion's leadership connected to beers of the community? Do you | duals you partner with and their roles in this fresh althy food access work. * |

How will you measure the success of your fresh, healthy food access work? Please include at least one QUANTITATIVE metric (pounds grown, number of shoppers per week, number of community members participating in a community garden, etc.) *

If your project aims to serve a certain group of community members (senior citizens, veterans, families, etc.), please tell us more.

If your Whole Cities grant application is approved, is there anything that would prevent you from starting your fresh, healthy food access work? If yes, please explain what these factors are and how they will be addressed? *

Is there anything else you would like us to know?

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Please complete the Funding Request Table. All applications must include a completed funding request. Please do not use commas.

Please use the table to tel jus how you would use \$5,000 in funding from Whole Cities. Please be as specific as you can.

While we typically ask that overhead and ongoing expenses be limited to 20% of the budget request, we're trying something new this year.

We are not putting a limit on the amount that may be used for overhead and ongoing expenses. We want to support your goals and invite you to let us know how \$5,000 could be best put to use in your work!

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|------------|-------------|---|
| Line Items | Amount (\$) | |
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Please complete the Organizational Financial Statement Table below. Please do not use commas.

Please use your most recent complete fiscal year to complete this form.

Applications must include a completed financial statement.

| Statement Period (MM/DD/YYYY)-(MM/DD/YYYY) | |
|--------------------------------------------|---|
| | |
| ANNUAL INCOME | |
| 1. Fees for Services or Goods | |
| 2. Individual and Corporate Donations | |
| 3. Grants | |
| 4. Government Support | |
| 5. Other (specify below): | |
| | |
| | |
| | |
| | |
| TOTAL: | 0 |
| ANNUAL EXPENSES | |
| 1. Rent | |
| 2. Maintenance and Repairs | |
| 3. Supplies and Equipment (specify below): | |
| | |
| | |
| | |
| | |
| 4. Salaries and Wages | |
| 5. Travel and Transportation | |
| 6. Insurance | |
| 7. Taxes | |
| 8. Utilities | |
| 9. Technology and Communications | |
| 10. Fundraising and Marketing Expenses | |
| 11. Programs (specify below): | |
| | |
| | |
| | |
| 12. Other Expenses:: | |
| | |
| | |
| | |
| TOTAL: | 0 |
| | |
| NET INCOME: | 0 |

Please upload your IRS 501c3 determination letter. If you will be partnering with a fiscal agent, please upload their IRS 501c3 determination letter. *

Acceptable ile types: pdf, doc, docx, jpg, jpeg, png.

Upload a file No files have been atlached yet.

Choose Files

Please upload 5,10 media released, 1mb+ photos of your organization's work in action. *

Acceptable ile types: jpg, jpeg, png.

Choose Files

Select up to 10 files to attach. No files have been attached yet.

| | If you have a logo, please upload it here. | | |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--|
| | Acceptable file types: pdf, jpg, jpeg, gif, tif, tiff, png, svg. | Upload a file No files have been attached yet. | |
| | Media Release Policy If your application is selected, Whole Cities Foundation would like to share the good news publicly! By submitting this application, your organization gives Whole Cities Foundation permission to share information such as a description of your project. how Whole Cities Foundation's funding is contributing to its success, any photos you send us, and your logo (we'll share our logo with you too). We share information on our website and social media accounts as well as through Whole Foods Market's marketing and press offices. Please check the box below to agree to Whole Cities Foundation's Media Release Policy. • I agree | | |
| | Submit Save Draft | Autosaved to your drafts | |
| ? Technical Help | | | |
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