



Back to Edit

| 2025 Newark Fresh, Healthy Food Access Grant: Application  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Section One: Organization Information  |  |  |  |  |  |  |
| Organization Name (required)   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| he answer to this question will be used as the unique identifier for each submission.                              |  |  |  |  |  |  |
| Organization Website (required)  |  |  |  |  |  |  |
| example.com  |  |  |  |  |  |  |
| f you do not have a website, please list your Facebook page or another social channel.                             |  |  |  |  |  |  |
| Official Address (required)  |  |  |  |  |  |  |
| Country (required)   |  |  |  |  |  |  |
| Select   |  |  |  |  |  |  |
| Address Line 2 (optional)  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| City (required)  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| tate, Province, or Region (required) Zip or Postal Code (required)   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| selected for a grant, this address will be listed in the grant agreement.  |  |  |  |  |  |  |
| executive Director's Name (required)   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Executive Director's Email (required)  |  |  |  |  |  |  |
| email@example.com  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Executive Director's Phone Number (required)   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| ∕lain Contact's Name   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Please include a name, if not the same as the Executive Director.  |  |  |  |  |  |  |
| /lain Contact's Email  |  |  |  |  |  |  |
| email@example.com  |  |  |  |  |  |  |
| Please include an email, if not the same as the Executive Director.  |  |  |  |  |  |  |
| Asia Contesta Phone Nombro   |  |  |  |  |  |  |
| Aain Contact's Phone Number  ■   |  |  |  |  |  |  |
| ease include a phone number, if not the same as the Executive Director.  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Will your organization be working with a 501c3 organization as your fiscal agent? (required)                       |  |  |  |  |  |  |
| Yes  |  |  |  |  |  |  |
| ○ No   |  |  |  |  |  |  |
| Fiscal Agent Name (required)   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Please list the name of the organization that you will be using as your fiscal agent.                              |  |  |  |  |  |  |
| iscal Agent's Primary Contact Name (should have signatory authority and will sign the grant agreement, if selected |  |  |  |  |  |  |



| Fiscal Agent's Primary Contact Email Address (required)   |              |
|---|--------------|
|   |              |
|   |              |
| Fiscal Agent's Primary Contact Phone Number (required)  |              |
|   |              |
|   | _            |
| Fiscal Agent EIN (required)   |              |
| xx-xxxxxxx  |              |
| Please list your fiscal agent's EIN.  |              |
|   |              |
|   |              |
| Section Two: Application Questions  |              |
|   |              |
| Please summarize your ORGANIZATION's overall main goals and activities. (required)  |              |
|   |              |
|   |              |
| Limit: 300 wo   | //           |
| Limit: 300 Wo   | uu           |
| Please choose the ward(s) served by your fresh, healthy food access work in Newark: (required)  |              |
| North   |              |
| South   |              |
| East  |              |
| West  |              |
| Central   |              |
|   |              |
|   |              |
|   |              |
|   |              |
| Project Alignment   |              |
| Project Alignment  Please tell us about your organization's overall fresh, healthy food access or nutrition education work. Please include any  |              |
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| mportant Note for Snap Incentive Programs:  |                  |
|---|------------------|
| funding   |                  |
| lease tell us how you would spend the funding from Whole Cities and how these expenses would will help y rganization increase long term access to fresh healthy food or nutrition education. (required)                               | our/our          |
|   |                  |
| ote: We place no restrictions on how much of our grant funding can be used for overheard, ongoing expenses, and infrastructure such laries and stipends.  | Limit: 300 words |
| /e know that people power the work, and we want to support your work in whatever way best serves your goals.  |                  |
| <u>liability</u>  |                  |
| your Whole Cities grant application is approved, is there anything that would prevent you from starting you good access work? (required)  | r fresh, healthy |
| Yes No  |                  |
|   | v thov will bo   |
| lease explain the factors that would prevent you from starting your fresh, healthy food access work and hov<br>ddressed. (required)   | v they will be   |
|   |                  |
|   | Limit: 300 words |
|   |                  |
|   | Limit: 300 words |
| Please provide a timeline for this work. (required)   |                  |
|   |                  |
|   | Limit: 300 words |
| <u>eadership</u>  |                  |
| <u>coucising</u>  |                  |
| are your organization's leaders, employees, and volunteers members of the community? Please elaborate on<br>eadership is connected to the community. Do your leaders have lived experience facing barriers to healthy fr<br>required) |                  |
|   |                  |
|   | Limit: 300 words |
| o you have a community advisory board or steering committee? Please elaborate. (required)   |                  |
|   |                  |
|   | Limit: 300 words |
| Community Engagement  |                  |
| dow does your organization request and use feedback from the community you serve? (required)  |                  |
|   |                  |

|   | 1              |
|---|----------------|
| и   | mit: 300 words |
| Communities Served  |                |
| Communities Served  |                |
| Does your fresh, healthy food project serve a certain group of community members (senior citizens, veterans, fam Please elaborate on any certain groups served by your project. (required)  | ilies, etc.)?  |
|   |                |
|   |                |
|   | mit: 300 words |
| We support both targeted and broad programs, but your response helps us better understand the scope of your project and ensure alignment mission (supporting the expansion of healthy food access and nutrition education for communities experiencing major barriers to healthy food |                |
| Do the community members you serve regularly encounter barriers to healthy food access and nutrition education these barriers and how does your project address these barriers? (required)  | n? What are    |
|   |                |
|   |                |
|   | mit: 300 words |
|   |                |
| Collaboration   |                |
|   |                |
| Will your organization be working with any other businesses, organizations, or individuals on this project? Please and their roles in your fresh, healthy food access project. (required)   | ist them       |
|   |                |
|   |                |
| П   | mit: 300 words |
|   |                |
| Additional Goals  |                |
| How will this work impact the local community in ways BESIDES fresh, healthy food access? (required)  |                |
| Trow will also work impact the focus community in ways besides thesis, neutry food access. (required)   |                |
|   |                |
|   | //             |
| Li  | mit: 300 words |
| OPTIONAL: Is there anything else you would like us to know?   |                |
|   |                |
|   |                |
| и   | mit: 300 words |
|   |                |
|   |                |
| Section Three: Required Application Materials   |                |
|   |                |
| Please select one of the following options: (required)  |                |
| Upload a Form 990   |                |
| Complete an Organizational Financial Statement  |                |
|   |                |
| Please upload your organization's most recent Form 990. If you will be partnering with a fiscal agent, please submost recent Form 990. (required)   | nit their      |
|   |                |
| Choose File   |                |
|   | i              |

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

If your organization's (or fiscal agent's) most current 990 filing is a Form 990-N (e-Postcard), please complete the Organizational Financial Statement provided. The Form 990-N does not provide sufficient information for an assessment of financial capacity.

If your organization's (or fiscal agent's) Form 990 predates 2022, please submit an Organizational Financial Statement.

Please complete the Funding Request Form. Please do not use commas or dollar signs. (required)

|  |  |  |   |   |                 |  |   |                         |                        | 4        |    |
|--|--|--|---|---|-----------------|--|---|-------------------------|------------------------|----------|----|
|  | 10   |  |   |   |                 |  |   |                         |                        |          |    |
|  | 11   |  |   |   |                 |  |   |                         |                        |          |    |
|  | 12   |  |   |   |                 |  |   |                         |                        |          |    |
|  | 13   |  |   |   |                 |  |   |                         |                        |          |    |
|  | 14   |  |   |   |                 |  |   |                         |                        |          |    |
|  | 15   |  |   |   |                 |  |   |                         |                        |          |    |
|  | 16   |  |   |   |                 |  |   |                         |                        |          |    |
|  | 17   |  |   |   |                 |  |   |                         |                        |          |    |
|  | 18   |  |   |   |                 |  |   |                         |                        |          |    |
|  | 19   |  |   |   |                 |  |   |                         |                        |          |    |
|  | 20   |  |   |   |                 |  |   |                         |                        |          |    |
| Pleas  | e list the line iten   | ns for which y   | u are requesti  | ng grant funds.   |                 |  |   |                         |                        |          |    |
| <sub>alari</sub><br>Plea   | es and stipends.   | ır IRS 501(c   | (3) Determi   |   |                 |  | ng expenses, and  |                         |                        |          | d, |
|  |  |  |   |   | Choose Fi       | le   |   |                         |                        |          |    |
|  |  |  |   |   |                 | <u> </u>                                     |   |                         |                        |          |    |
|  | d a file. No files hotable file types: .   |  |   | q   |                 |  |   |                         |                        |          |    |
|  | me sypesis   | _, , , , , , , , , , , , , , ,   | 1-2, 15-31 M  |   |                 |  |   |                         |                        |          |    |
|  |  |  |   |   | Choose Fi       |  |   |                         |                        |          |    |
|  | t up to 10 files to a  |  |   | ched yet. You n   |                 |  |   |                         |                        |          |    |
| Se   | ction Fo   | ur: Ad   | ditional  | Questi  | nay add 10 more |  | ly. (required)  |                         |                        |          |    |
| Se<br>Doe  | ction Fo   | ur: Add  | ditional  | Questi  | nay add 10 more | files.                                       | ly. (required)  |                         |                        |          |    |
| Se<br>Doe  | ction Fo   | ur: Ade  | ditional  | Questi  | nay add 10 more | files.                                       | ly. (required)  |                         |                        |          |    |
| Se<br>Doe  | ction Fo   | ur: Add  | ditional  | Questi  | nay add 10 more | files.                                       | l <b>y.</b> (required)  |                         |                        |          | _  |
| Se Doe   | ction Fo s your organiz Regenerative Ag  | ur: Add  | ditional  | Questi  | nay add 10 more | files.                                       | ly. (required)  |                         |                        |          | _  |
| Se<br>Doe  | ction Fo  s your organiz  Regenerative Ag Hydroponics and Organic Farming  | ur: Add  | ditional  | Questi  | nay add 10 more | files.                                       | ly. (required)  |                         |                        |          | _  |
| Se Doe   | ction Fo  s your organiz  Regenerative Ag  Hydroponics and  Organic Farming  Bee Keeping  Not Applicable  do we ask? We so   | ur: Add  | ditional ce any of the                                    | Questi<br>e following?  | ons Please chec | th other funders                             | ly. (required)  who provide in-kir tive farming prac                      |                         |                        |          |    |
| Se Doe   | ction Fo  s your organiz  Regenerative Ag Hydroponics and Organic Farming Bee Keeping Not Applicable do we ask? We so fy aligned projected to determine to   | ur: Add tation pract riculture  //or Aquaponic standardition rantees.  | ditional fice any of the s the opportuni we are trying to | Questi<br>e following?<br>ty to connect or<br>to better unders  | ONS Please chec | th other funders of the sers' role in innova | vho provide in-kir  | tices. <u>Note:</u> Thi | s information          | will NOT |    |
| Se Doe Why of dentition as a congration of the c | ction Fo  s your organiz  Regenerative Ag Hydroponics and Organic Farming Bee Keeping Not Applicable do we ask? We sc you interested you interested nization? In the   | ur: Add tation pract riculture  Wor Aquaponic  I in receivir ne past, Wh I like to rece  | ditional fice any of the s the opportuni we are trying to | Questi<br>e following?<br>ty to connect or<br>to better unders  | ONS Please chec | th other funders of the sers' role in innova | vho provide in-kir<br>tive farming prac<br>ookkeeping tr                  | tices. <u>Note:</u> Thi | s information          | will NOT |    |
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| Se Doe Why of identified us Are to organize train  | ction Fo  s your organiz  Regenerative Ag  Hydroponics and  Organic Farming  Bee Keeping  Not Applicable do we ask? We so fy aligned project ed to determine to  you interested nization? In the ing you would  Grant writing trail  Business develo   | ur: Add tation pract riculture  Wor Aquaponid  In receivir ne past, Wh I like to receiving pment training  | ditional fice any of the                                  | Questi<br>e following?<br>ty to connect or<br>to better unders  | ONS Please chec | th other funders of the sers' role in innova | vho provide in-kir<br>tive farming prac<br>ookkeeping tr                  | tices. <u>Note:</u> Thi | s information          | will NOT |    |
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| Se Doe Why didentible us   | ction Fo s your organiz Regenerative Ag Hydroponics and Organic Farming Bee Keeping Not Applicable do we ask? We so fly aligned projected to determine if you interested nization? In the ing you would Grant writing trail Business develo Bookkeeping tra I'm not interested   | ur: Add tation pract riculture  whether the practical and the prac | ditional ce any of the s the opportuni we are trying to   | Questine following?  by to connect of the better understands to better understands to be the fundament of the better understands to be the best of the | ons Please chec | th other funders rees' role in innova        | who provide in-kir<br>tive farming prac<br>ookkeeping tr<br>grantees. Ple | aining for m            | embers of<br>which typ | will NOT |    |

| Ple                                     | ase list how many volunteers and how frequently volunteers will be needed.  |
|---|---|
|   |   |
|   |   |
|   | Limit: 300 words  |
| and                                     | ole Cities loves to amplify our partners' work in Whole Cities' and Whole Foods Market's channels. If additional photos copy are needed, do we have your permission to obtain this content from your public facing channels (website, social, to use in our channels with photo credit? (required)  |
| 0                                       | Yes   |
| $\bigcirc$                              | No  |
| Hov                                     | v did you hear about this grant opportunity? Please check all that apply. (required)  |
|   | An Email  |
|   | Social Media  |
|   | At Whole Foods Market Newark  |
|   | A Flyer   |
|   | Community Event   |
|   | Word of Mouth   |
|   | Local News  |
| <b>✓</b>                                | Other   |
| Plea                                    | ase elaborate.  |
| of s                                    | mentioned previously, this will be the last year of the Newark Fresh, Healthy Food Access Grant. Please tell us what types upport Whole Cities could offer that would be most meaningful to your organization throughout this process. What ources does your organization need? Is there anything else you would like us to know?   |
|   |   |
|   | Limit: 300 words  |
| Med                                     | dia Release Policy  |
| Who<br>infor<br>logo<br>office<br>right | ar application is selected, Whole Cities would like to share the good news publicly! By submitting this application, your organization gives Whole Cities, le Foods Market Foundation, and third-party supporters (such as supplier donors, Whole Foods Market, Amazon, Team Members, etc.) permission to share mation such as a description of your project, how Whole Cities' funding is contributing to its success, any photos you send us, and your logo (we'll share our with you too). We share information on our website and social media accounts as well as through Whole Foods Market and Amazon's marketing and press as. Any images, videos, and multimedia submitted in this application or during progress reports, should be original content for which you own exclusive so to display, share, reproduce and authorize use by Whole Cities and third-party supporters. In the event that Whole Cities or hired freelancers capture hall photos or videos of your location, project or volunteer events, we will have all parties agree and sign a release form. |
| Plea                                    | ase check the box below to agree to Whole Cities' Media Release Policy. (required)  |
| $\bigcirc$                              | Lagree  |
|   | Save Draft  Submit Form  Is may be visible to the administrators of this program.   |
|   |   |

