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## 2025 Community First Grant: Partner Application

### Section One: Organization Information

Organization Name (required)

Limit: 300 characters

Official Address (If selected for a grant, this is the address we will include in the grant agreement) (required)

Country (required)

Address (required)

Address Line 2 (optional)

City (required)

State, Province, or Region (required)

Zip or Postal Code (required)

example.com

Authorized Signatory Name (the person who will be signing the grant agreement if the applicant is selected) (required)

Authorized Signatory Title (required)

Authorized Signatory Email (required)

Authorized Signatory Phone Number (required)

Main Contact's Name (required)

Main Contact's Title (required)

Main Contact's Email (required)

Main Contact's Phone Number (required)

Will your organization be working with a 501c3 organization as your fiscal agent? (required)

☐ Yes

☐ No

### Section Two: Application Questions

Please summarize your organization's main goals and activities. (required)

Limit: 300 words

Please tell us about your organization's fresh, healthy food access or nutrition education work. (required)

Limit: 300 words

Does your organization practice any of the following? Please check all that apply. (required)

- ☐ Regenerative Agriculture
- ☐ Hydroponics and/or Aquaponics
- ☐ Organic Farming
- ☐ Beekeeping
- ☐ Not Applicable

### **Project Alignment**

Please describe your proposed PROJECT, its goals and how it focuses on increasing long-term access to fresh healthy food or nutrition education. *(required)*

Limit: 300 words

For the purposes of this grant, food rescue, redistribution and/or donation are considered to be short-term relief (not an increase in long-term access). Projects should not include efforts towards hunger alleviation or food donation/redistribution

Which category best describes the fresh, healthy food access PROJECT you are requesting funding for? Note: This does NOT need to be the best category that fits your organization's work OVERALL. *(required)*

- ☐ Community Garden
- ☐ Urban Farm
- ☐ Agricultural Skills Development
- ☐ Farmers Market or Co-Op
- ☐ Pop Up Market or CSA
- ☐ SNAP Incentive Program
- ☐ Mobile Market
- ☐ Nutrition Education or Healthy Cooking Class
- ☐ Other

### **Funding**

Please tell us how you would spend a \$10,000 USD/ \$14,000 CAD grant from the Whole Foods Market Foundation and how these expenses would help you reach your fresh, healthy food access goals. *(required)*

Limit: 300 words

There is no 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 the funding could be best put to use in your work!

### **Viability**

If your Community First Grant application is approved, is there anything that would prevent you from starting your fresh, healthy food access work? *(required)*

- ☐ Yes
- ☐ No

What is the proposed timeline for your project? *(required)*

Limit: 300 words

How will you measure the success of your fresh, healthy food access work? *(required)*

Limit: 300 words

### **Leadership**

Are your organization's leaders, employees, and volunteers members of the community? Please elaborate on how your leadership is connected to the community. Do your leaders have lived experience facing barriers to healthy food access? *(required)*

Limit: 300 words

Do you have a community advisory board or steering committee? Please elaborate. *(required)*

### **Community Engagement**

Community Engagement

How does your organization request and use feedback from the community you serve? How does this feedback influence your organization's work? (required)

Limit: 300 words

Communities Served

Does your fresh, healthy food project serve a certain group of community members (senior citizens, veterans, families, etc.)? Please elaborate on any certain groups served by your project. Please tell us more. (required)

Limit: 300 words

We support both targeted and broad programs, but your response helps us better understand the scope of your project and ensure alignment with our mission (supporting the expansion of healthy food access and nutrition education for communities experiencing major barriers to healthy food access).

Do the community members you serve regularly encounter barriers to healthy food access and nutrition education? What are these barriers and how does your project address these barriers? (required)

Limit: 300 words

Other Goals

How will this work impact the local community in ways BESIDES fresh, healthy food access? (required)

Limit: 300 words

Optional

Optional: Is there anything else you would like us to know?

Optional: We love spreading the word about our partners' great work in our social channels, website, and newsletters. Please list the handles/ website that WFMF may use to share photos and content in our communication and educational materials.

We'll be sure to tag you and/or give you photo credit.

Section Three: Required Documents

Please use the table to tell us how you would use \$10,000 USD\* in funding from Whole Foods Market Foundation. Please do not use commas or dollar signs. (required)

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\*Canadian partners, please fill out the form using USD estimates. There is no 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 the funding could be best put to use in your work!

Please upload your most recent Form 990: (required)

☐

Upload a Form 990

☐

If you do not submit a Form 990, please complete an Organizational Financial Statement

Please upload your IRS 501(c)(3) Determination Letter (US) or Notification of Registration Letter (CA). If you will be partnering with a fiscal agent, please upload their IRS 501(c)(3) Determination Letter (US) or Notification of Registration Letter (CA).

(required)

Choose File

Upload a file. No files have been attached yet.

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

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

Choose File

Select up to 10 files to attach. No files have been attached yet. You may add 10 more files.

Acceptable file types: .jpg, .jpeg, .png

#### Media Release Policy

If your application is selected, Whole Foods Market Foundation would like to publicly share the good news that you have received funding for your project! By uploading photos, your organization gives Whole Foods Market Foundation (WFMF) and third-party Foundation supporters (such as supplier donors, Whole Foods Market, Amazon, Team Members, etc.) permission to share information such as a description of your project, how Whole Foods Market Foundation's funding is contributing to its success, any photos you upload, and your logo (we'll share our logo with you too!).

The information you provide may be shared on WFMF's website, email and social media channels as well as throughout Whole Foods Market's marketing channels and press offices. Any images, videos, and multimedia submitted, should be original content for which you own exclusive rights to display, share, reproduce and authorize use by Whole Foods Market Foundation and third-party supporters. Only upload photos of youth or clients for whom you have a photo release form signed by their parent, guardian or self. By uploading photos, you are verifying that you understand this requirement of any photos uploaded.

In the event that Whole Foods Market Foundation or hired freelancers capture original photos or videos of your location, project or volunteer events, we will have all parties agree and sign a detailed release form.

Please check the box below if you agree that Whole Foods Market Foundation has permission to use images and videos from your public facing accounts (website and social media) in Foundation and affiliate channels. See detailed information for where and how content will be used in our [Media Release Policy](#). Your answer will have no impact on the status of your application and WFMF will only use your photos if you receive funding from the Foundation.

Please check the box below to agree to Whole Foods Market Foundation's Media Release Policy. (required)

☐ I agree

#### Whole Foods Market Community Connections Participation Agreement

Whole Foods Market (WFM) has a long-standing practice of building relationships and supporting communities through volunteer initiatives. To strengthen these efforts, WFM developed Community Connections, a companywide volunteer and team build program. If selected for a Community First Grant, community partners that agree to participate in the program will have their contact information included in the Community Partner Directory, a list of eligible organizations that WFM Team Members may choose from when considering a volunteer opportunity. Community Connections is a Whole Foods Market program and participation is voluntary. Participation in the Community Connections program has no bearing on the status of this application for grant funding (this application is being administered through the Community First Grant Program, which is a Whole Foods Market Foundation initiative).

Please check the box below to participate in the Community Connections Program. (required)

☐ I agree

☐ I decline

If you select "I agree": WFM Team Members will have access to your contact information and may reach out to you to coordinate a volunteer event. WFM will reach out annually to confirm that you would still like to participate in the program and to verify that the contact information is up to date.

If you select "I decline": The Community Connections program is run by Whole Foods Market, not Whole Foods Market Foundation, and participation in the program will have no impact on potential future support from the Whole Foods Market Foundation.

Save Draft

Submit Form

Drafts may be visible to the administrators of this program.

