



Montgomery County, Maryland

FY14 Jump Start Food Recovery Grant Program

Applicant / Organization Contact Information

Please note that applications for the Executive's Community Collaboration Grants are subject to the Maryland Public Information Act (MPIA) (found at Md. Code Ann., State Gov't., §10-611 through - 628 (MPIA)) and the County must comply with the disclosure requirements of the MPIA when a request for documents is received.

Organization's Legal Name:	
Federal Tax ID #:	
Address:	
City:	
State:	
Zip Code:	
Phone Number:	
Contact's First Name:	
Contact's Last Name:	
Contact's Salutation:	__Mr. __Mrs. __Ms. __Dr. Other (Please specify):
Select the Contact's Preferred Title:	
Contact's Email Address:	
Organization's Web Site Address:	

Briefly describe the general mission/purpose of your organization. How have your organizations' efforts made a difference in the community? (<200 words)

Briefly state the purpose of the specific request. (<125 characters)

Will this project involve transporting or preparing food? ___Yes ___No

NOTE: There may be additional requirements (post application) such as a HACPP plan for food safety. We can work with you to complete this plan.

Do you have a Certified Food Service Manager in your organization? ___Yes ___No

NOTE: There may be additional requirements (post application) such proof of certification. There are additional funds allocated to increase the number of Certified Food Service Managers. We can work with you to complete this training.



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Briefly describe your project and how it specifically helps advance Food Recovery in Montgomery County (<250 words).

How will the project described collaborate or coordinate with other organizations or partners in the community (<250 words)?

State the efforts made to recruit volunteers and/or to leverage partners or community resources (<250 words).

Please provide outcome measures or results to date for this project, if applicable, and the outcomes you expect to accomplish should this grant be awarded. In other words, how will we know if the project is successful? (<250 words).



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Funding

What is the total cost? \$ _____ (Rounded to nearest ten)

How much are you requesting in this grant? \$ _____ (must be between \$500 and \$9,999)

If applicable, please enter the total dollar amounts of any matching funds for this project by source:

<u>Source</u>	<u>Assumptions</u>	<u>Amount (\$)</u>
Donations:		
Federal Grant:		
State Grant:		
In-Kind Funds:		
Volunteers:		
Other:		

Project Budget (all items should total the amount requested in this grant application)

<u>Items</u>	<u>Budget Item Description</u>	<u>Amount (\$)</u>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
	Total Amount Requested (must be under \$10,000)	\$

