

## Infrastructure for Alaska's Food Bank Network Grant Application

**Organization Name\***

**Type of Organization\***

501(c) 3  501(c) 4  501(c) 19  Faith-based organization  Tribal organization  Local government

**Contact Person\***

<input type="text"/>	First Name*
<input type="text"/>	Last Name*
<input type="text"/>	Email*
<input type="text"/>	Phone*
Address*	
<input type="text"/>	Address Line 1
<input type="text"/>	Address Line 2
<input type="text"/>	City
<input type="text"/>	State
<input type="text"/>	ZIP Code
Request Amount (Between \$25,000 and \$1,000,000)*	
<input type="text"/>	

**Description of Project \***

Please provide a description of how the project will support the capacity building or infrastructure needs of your organization. How would you use funding from this grant opportunity to address the ongoing needs in your community? How will you handle operating expenses and/or future expenses associated with this project?

*Character Limit: 7500*

## **Budget Spreadsheet\***

- Upload the project budget below by first downloading the spreadsheet provided: [https://docs.google.com/spreadsheets/d/1r-Lf4XpVB5OkWVAfNMk0ozg\\_-XrVmrY5/edit#gid=2029105412](https://docs.google.com/spreadsheets/d/1r-Lf4XpVB5OkWVAfNMk0ozg_-XrVmrY5/edit#gid=2029105412)
- Add line item to the budget worksheet as needed. Please be descriptive in your line items, provide the number of items and cost per item, i.e., 2 freezers for \$15,000 each.
- Your Total Request in your budget should match your response to the Amount Requested question asked at the beginning of this application. The worksheet should include information about other funding received and/or pending for your project.
- For more information on eligible expenses, please consult the Infrastructure for Alaska's Food Bank Network Grant Guidelines found at <https://foodbankofalaska.org/infrastructuregrant/>.

Choose File Remove File No File Chosen

## **Budget Narrative\***

In the area below, enter a detailed description of how these funds would be spent per each line item in the submitted budget. Be sure to include details about other sources of funding if applicable and if the funding has been committed or secured. Please describe how your organization will ensure the funds are completely spent by June 30, 2025. You may also upload a document containing your budget narrative if you prefer.

Character Limit: 3000

## **Organization's EIN Information\***

## **Organizational Background\***

Please include: your organization's mission statement, a brief history and background of your organization, services provided and in what geographic area (s) you provide services. Please specify if your organization serves rural communities outside the cities of Anchorage, Mat-Su, Fairbanks, and Juneau, and if you provide food or services to other organizations or communities.

Character Limit: 5000

## **Organization's operating revenue for the last completed fiscal year\***

**Organization's operating expenses for the last completed fiscal year \***

**Organization's Balance Sheet for the last completed fiscal year \***

No File Chosen

Please submit your Balance Sheet ONLY, not your entire financial statements. A Balance Sheet shows your organization's assets and liabilities, not your income and expenditures (a Profit and Loss Statement)

**Current Operating Budget \***

No File Chosen

Please upload a current fiscal year approved budget for your organization, showing sources of revenue and expenses

**List of Board of Directors \***

No File Chosen

Provide a list of the organization's Board of Directors (or equivalent) with affiliations for each member.

Please contact Food Bank of Alaska staff by phone or email to discuss your ideas. A draft review of your application is **strongly encouraged**. If you would like to have a draft of your application reviewed, please consult the application instructions.

With my electronic signature, I certify that the information provided in this application is true, correct, and complete. I agree to allow any information on this application (unless otherwise noted) to be released for publication. I authorize the Food Bank of Alaska to verify any information submitted as part of this application.

**I have read the above information \***

- Yes

**I have read and understand the requirements of grantees outlined in the grant guidelines\***

- Yes

**Title of Authorizing Official (The Authorizing Official has the authority to solicit and accept grants on behalf of their organization) \***

**Date \***

**Electronic Signature \***

Direct questions related to the online application system to Ron Meehan at [rmeehan@foodbankofalaska.org](mailto:rmeehan@foodbankofalaska.org) or 907-222-3103.