

**APPLICATION FORM**  
**COOPERATIVE BAPTIST FELLOWSHIP OF NORTH CAROLINA HUNGER FUND**

1. Name of Organization requesting funds

---

Address:

---

Phone:

---

2. Amount of money being requested

---

3. Do you need for us to consider your request on an emergency basis? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain:

4. This money is for (check one):

\_\_\_\_\_ On-going funds, to continue the operation of an already existing program/ministry  
\_\_\_\_\_ Start-up funds, to begin a new program/ministry

5. This money will be used for the following type(s) of service (Check as many as apply):

A. Direct purchase of food for...

\_\_\_\_\_ Senior citizen feeding programs  
\_\_\_\_\_ Soup kitchens, hospitality houses, rescue missions  
\_\_\_\_\_ Stocking food pantries  
\_\_\_\_\_ Food in emergency or disaster situations  
\_\_\_\_\_ Other :

B. Enabling food production, food distribution, or food consumption

\_\_\_\_\_ Community garden projects (rental of land, seeds, fertilizer, etc.)  
\_\_\_\_\_ Food banks (to store, load, and distribute donated food)  
\_\_\_\_\_ Meals on Wheels (gas, equipment or vehicles used in the delivery of meals)  
\_\_\_\_\_ Materials for nutritional education  
\_\_\_\_\_ Materials for food preservation  
\_\_\_\_\_ Equipment related to the projects mentioned in Item A above  
\_\_\_\_\_ Other :

C. Training

Describe the training offered:

D. Personnel costs

Describe the personnel costs:

6. In just a few sentences, how do you plan to use this money?

7. Describe your organization's commitment to and support of this ministry.

8. Is this money to be channeled to another organization (not the church or agency requesting it)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, from what other sources does this organization receive funding? Do any of those sources offer to match funds received from others?

9. Are you receiving funds from other sources for this program/ministry?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what other sources? Do any of those sources offer to match funds received from others?

10. How will these funds be disbursed?

11. Who will have direct administrative responsibility for spending these funds?

Name:

---

Address:

---

Phone:

---

12. If you have a budget for the program/ministry for which you are requesting funds, please attach a copy. If you do not have a budget, please enclose a breakdown of how you expect money from the CBFNC Hunger Fund to be spent.

13. List two other people we could contact for more information regarding this program/ministry. Please include their name, email address and phone number.

---

---

---

---

---

14. Has your organization previously requested funds from the CBFNC Hunger Fund?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when was the last time your organization requested hunger funds? \_\_\_\_\_

15. Are you presently holding funds previously allocated to you from the CBFNC Hunger Fund?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain.

**The information contained in this application is accurate. I have received a copy of the Guidelines for the use of CBFNC Hunger Fund money. Any money which we receive will be used in compliance with the Guidelines.**

Signature of person submitting application

---

Printed name of person submitting application

---

Office or position

---

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Date \_\_\_\_\_

Return completed forms to:



Cooperative Baptist Fellowship of North Carolina  
Hunger Fund  
2640 Reynolda Road  
Winston-Salem, NC 27106

Revised: July 2014