



Dear Food Distribution Program,

Thank you for your interest in The WSOY Community Food Drive! We would like to learn more about your organization and how we may be able to work together to fight hunger. All applicants must currently be providing food assistance. The application process is outlined below.

- Application is reviewed and assessed by The WSOY Food Drive Committee (herein known as Committee) based on information provided.
- Fund availability from the 2021 WSOY Community Food Drive is not guaranteed.
- Fund availability is also determined by donations received during the 2021 WSOY Community Food Drive. (Currently scheduled for October 8th. Subject to change) Funds must first be fully processed before distribution can begin.
- Should a WSOY Community Food Drive grant be awarded, the funds must solely be used for the purchase of food. Funds **CAN NOT** be used for administrative costs, transportation, delivery, food storage or processing or other programs/services offered by your agency.
- Should a WSOY Community Food Drive grant be awarded, The WSOY Community Food Drive reserves the right to deposit funds into an account for your use only at the Central Illinois Food Bank in lieu of funds directly to your organization. This will not be negotiable.
- Prior to grant approval, the Committee may require a scheduled visit to your organization. The site visit is to confirm the program information you've provided and to review compliance of the requirements of the WSOY Community Food Drive grant.
- Fund recipients agree to sign agreement of WSOY Community Food Drive requirements that all funds be used for the purchase of food.

Please complete the following application in full. Applications can be emailed to lindsayromano@neuhoffmedia.com or mailed to:

WSOY Community Food
Drive 250 N. Water St.,
Suite 100
Decatur IL, 62523.

For questions, please call 217-972-1992.

Program Application:

PROGRAM/ ORGANIZATION SERVICES & CLIENT INFORMATION

Date: _____

Name of Organization: _____

Telephone: (____) _____ Fax (____) _____

Mailing/Billing Address: _____

City _____ State _____ Zip Code _____ County _____

Director Name: _____ Phone: (____) _____

Director Email: _____

Organization website address: _____

Facebook: _____

Twitter: _____

Other: _____

Address of Food Storage/Distribution Facility: **Submit separate listing of all storage and food distribution addresses, if more than one location.*

Location #1

City _____ State _____ Zip Code _____ County _____

Director Name: _____ Phone: (____) _____

Location #2

City _____ State _____ Zip Code _____ County _____

How long has your organization been in operation? _____

Have you received WSOY Food Drive grants in the past? Y N

If yes, list year(s): _____

Is your organization an affiliate of a larger organization?(Example: Church) Y N

If yes, list name and address of this organization? _____

City _____ State _____ Zip Code _____ County _____

Does your organization possess a 501(c)3/Public Charity Status? Y N

**If yes, submit copy of IRS Determination letter with application.*

How many staff/volunteers help you operate your food program? Staff _____ Volunteers _____

Staff total weekly hours: _____ Volunteers total weekly hours: _____

Does your organization have an active board? Y N

If yes, how often do they hold board meetings? _____

**Please submit a list of Board Members and contact information.*

Please describe your organization's purpose/mission statement:

Please define the geographic area or boundaries your organization serves:

Are there restrictions on where clients reside? Y N

Example: Clients must reside in designated zip codes or street boundaries to be eligible for assistance.

Please define these restrictions: _____

If a religious organization, is your food assistance program open to non-church members? Y N

How does your organization notify the public about your hunger relief program? Check all that apply:

- Signs on property
- Website
- Radio

- Newspaper
- Referral Program
- Other: _____

Check all clients served by your hunger relief program.

- Children Only (0 – 18 years of age)
- Seniors (60+ in age)
- Individuals of all ages
- Disabled
- All of the above

Check options reflective of your food program:

- Shelter
- Soup Kitchen
- Pantry
- Other _____

Are 50%+ of the clients served considered low income and/or participating in government assistance programs? **Examples of assistance programs: WIC, SNAP, LIHEAP etc.* Y N

Does your organization require income eligibility? Y N

If so, how does your organization determine if a client is eligible for your food program? Check all that apply:

- Photo ID
- Proof of Income
- Proof of Address
- Intake/Counseling Process
- Other: _____

What is most true about your distribution method? Check only one.

- Client Choice - (Clients are able to choose ALL items they receive)

- Preassembled Boxes – (Clients are handed a box/bag of pre-packed food products – no choice or ability to express dietary needs)
- Mix of Client Choice/Preassembled Boxes – (A combination of both styles)
- Other Method: _____

Which days and hours will clients be able to receive food? List Hours of Distribution: _____

How many unduplicated households are served annually? _____

How many unduplicated individuals will be served annually? _____

Total number of households (unduplicated or returning) served annual by your organization: _____

Does your organization do holiday distribution? **Y** **N**

If yes, list holidays or seasons: _____

**Example: Summer camps, snacks at community festivals | Thanksgiving outreach baskets, Holiday meal baskets.*

FINANCES

How is your food program primarily funded? Check all that apply.

- Donations (Congregation/Private Funders)
- Events/Fundraisers
- Grants
- Organization Budget (Such as church budget)
- Food Drives/ Other: _____

Of the above funding methods:

- How often did you conduct/apply for donations during your last fiscal year? _____
- # of Grants applied for _____
- # of Events/Fundraisers conducted _____
- # of Food Drives conducted _____
- Explain how you outreach and raise awareness for private donations?

Will you charge clients for your food program? Y N

If yes, please explain: _____

What will be your annual food budget? \$ _____

Budget breakdown

**Please complete and submit the Organization/Food Program Budget section below. ** Only provide budget information for your food program. If you are affiliated with another organization such as a church, please provide income and expenses for your food pantry/ feeding program only.*

*****You may submit your Organization's budget form in place of the template provided.**

Please see attached organization budget in place of this template.

Program budget form for fiscal year _____ To _____

INCOME

Support:

Government Grants	Amount: _____
Foundations	Amount: _____
Corporations	Amount: _____
United Way or other campaigns	Amount: _____
Individual contributions	Amount: _____
Fundraising events or products	Amount: _____
Membership income	Amount: _____
In-Kind Support	Amount: _____
Investment Income	Amount: _____

Revenue:

Government contracts	Amount: _____
Earned income	Amount: _____
Other: (Specify)	_____
	Amount: _____
Other: (Specify)	_____
	Amount: _____

TOTAL INCOME:	Amount: _____
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EXPENSES

Item:

Salaries and Wages (Breakdown by position)	Full or part time:
_____	_____
_____	_____
_____	_____

	Amount:	
	Amount:	
Insurance benefits and related taxes	Amount:	
Consultant and professional fees	Amount:	
Travel	Amount:	
Equipment	Amount:	
Rent	Amount:	
Utilities/ Phone	Amount:	
Copy/ postage	Amount:	
Supplies	Amount:	
In kind expenses	Amount:	
Depreciation	Amount:	
Food Expenses for program	Amount:	
Other (Specify): _____	Amount:	
Other (Specify): _____	Amount:	
Other (Specify): _____	Amount:	
Other (Specify): _____	Amount:	
TOTAL EXPENSE:	Amount:	

DIFFERENCE (Income less Expense:	Amount:
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TO BE COMPLETED BY ALL APPLICANTS

How did you hear about The WSOY Community Food Drive? Check one:

- Website
- News media
- Social Media
- Referral: Who? _____
- Other: _____

By signing below, we agree that the information provided is complete and accurate to the best of our knowledge:

Signature _____ Print name: _____

Title within organization: _____ Date: _____

Email _____

Telephone _____