



PRESBYTERY OF CHARLOTTE  
5¢-A-MEAL PROGRAM 2010  
*Hunger Action Work Group*



***Use additional sheet(s), as necessary.***

1. Name and Address of Organization:  
(Include list of current Board members)

Contact Person, Phone & E-Mail:

Date of Application:

2. Amount of Request: \$

What month(s)\* will fund be needed?

3. How will funds be used? Please note that all grants must be used for **food or food related items**.

4. Purpose of your organization.

5. How are potential clients made aware of your organization?

6. Help us understand your food program.

A) How many meals are served per day? \_\_\_\_\_

B) How many days per month are meals served? \_\_\_\_\_

C) Is this a year-round program? \_\_\_\_\_ If not, list the months it operates.

D) Is your food prepared on-site or brought in?

E) Is 5 Cents a Meal the only supporter?

F) Please list the Presbyterian Churches supporting your program.

-With Volunteers:

-Monetarily:

-Contact information for those churches:

G) What are your other major funding sources? [Be sure to identify ALL food funding sources and amounts: USDA, churches (name the churches), individuals (names, please), foundations (names), fundraisers, etc. (Describe.)]

H) Where do you purchase food?

I) What other sources for food do you receive?

Gleaned food? How often?

Fresh and prepared recovered food? How often?

Canned food drives? How often?

Other? How often?

7. Do you have a screening program? How does it work? Where do your "clients" come from? (Socio-economic background, urban, rural, etc.)
8. Have you had to turn anyone away within the last month?
9. Do you have a waiting list? If so, how many are on it?
10. How many people work for you? (Paid and volunteers?)
11. **Include a copy of your complete 2009 financial statement with year end figures and your ministry's budget for 2010. (*Highlight or breakout food and food related expenses*)**
12. Has your organization undergone any changes during the past year? (Added or deleted any programs, major staff changes, etc.)
13. What particular needs would you like us to be aware of?

**Please fill out the application, attaching additional sheets where necessary. Include information about your organization if applicable.**

**Return to:** Debbie Wilkinson  
Coordinator—Mission, Justice, Hunger & Disaster Programs  
5700 Executive Center Drive, Suite 200  
Charlotte, NC 28212-8801

\*Applications are reviewed and grants are made on a quarterly basis in April, July, September, and December. If emergency funds are needed, call Debbie Wilkinson at 704-535-9999, ext. 213 with your request.

To be considered, application must be received by:  
**DEADLINE: Friday, March 5, 2010**