

Cover Sheet - REQUIRED for all proposals

Date of application: _____

Name of organization to which grant would be paid. Please list exact legal name:

Address of organization: _____

Telephone number: _____

Website address: _____

Name of Executive Director: _____

Email of Executive Director: _____

Name of Culinary Director (if not Executive Director): _____

Email of Culinary Director: _____

Name of other contact person and title (if applicable): _____

Email of other contact: _____

Is your organization an IRS 501(c) (3) not-for-profit? Yes or No

If no, please provide fiscal sponsor name: _____

Please confirm that graduates of your program receive a functional knowledge of food safety AND the attainment of a food handlers' certification. Yes

Comments, if applicable: _____

Total organizational budget (for current year): _____

Total culinary training program budget (for current year): _____

Population Served (Culinary Training Program): _____

Year Established (Culinary Training Program): _____

Grant Funding Request (one sentence):

Dollar Amount of Grant request: _____

Have you applied for a grant from the JPF before? Yes or No

What year(s)? _____

Was your organization awarded a grant previously? Yes or No

What year(s)? _____