

THE CORELLA AND BERTRAM F. BONNER FOUNDATION

COVER PAGE TO A BONNER CONNECTION GRANT APPLICATION

Note: It is important that this form be attached to the front of the proposal.

Agency Information

Name of Hunger Initiative: _____ Established: 19____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Title: _____

Phone: _____ Fax: _____

Bonner Grant Proposal Information

Type of Agency : *Soup Kitchen:* _____ *Food Pantry:* _____ *Other:* _____

Number of people served: *Weekly:* _____ *or Monthly:* _____

Agency's Annual Budget: \$ _____ *Food Budget:* \$ _____

Amount of Request: \$ _____

A grant will supplement the purchase of food for how many people? _____

Bonner Grant History

Have you received funding from the Bonner Foundation in the past? _____ Yes _____ No

Was the Bonner grant received through a Food Bank _____ or directly from the Foundation _____?

Year: _____ Amount: \$ _____ Year: _____ Amount: \$ _____

Year: _____ Amount: \$ _____ Year: _____ Amount: \$ _____

Bonner Scholar Information

The Bonner Connection is particularly interested in supporting the fight against hunger in communities where Bonner Scholars are located. Please provide the following information on the Bonner Scholars Program involved in your initiative.

College: _____

Address: _____

City: _____ State: _____ Zip: _____

Director: _____ Phone: _____

Liaison(s): _____ Phone: _____

_____ Phone: _____

Number of Students Involved with Initiative: _____