

THE CORELLA AND BERTRAM F. BONNER FOUNDATION

COVER PAGE TO A YEAR 2001 GRANT APPLICATION

Agency Information

Name of Hunger Initiative: _____ Established: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Title: _____

Phone: _____ Fax: _____

Bonner Grant Proposal Information

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

Number of people served monthly: _____

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

Amount of Request: \$ _____

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: \$ _____

Congregational Information

As noted elsewhere, Bonner Foundation support is restricted to hunger initiatives that are operated by or with local congregations. The following request is for the purpose of collecting information about involvement by religious community(s) in your activity.

Sponsoring Congregation/Coalition:

Name: _____ Denomination: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Title: _____

Phone: _____ Fax: _____

If there is no sponsoring congregation, please include in your proposal a list of congregations involved in your endeavor and explain the type of support they offer.