**Project Proposal for a
Regina Rosen Food First Fund Grant**

**INSTRUCTIONS**

Complete this form and mail it at any time to:

*Community Foundation for Kingston & Area,
275 Ontario Street, Suite 100
Kingston ON K7K 2X5*

or email to grants@cfka.org.

The Regina Rosen Food First Fund (RRFFF) distributes a monthly grant of $1,000 to local community organizations that are engaged in procurement, production, preservation and/or preparation of food AND/OR are actively involved in improving food security. A grant from this fund can be used to support a unique project, a special allocation, or support ongoing operations.

*Additional important RRFFF requirements can be found on our website at cfka.org/regina-rosen-food-first-fund/. Please review prior to applying.*

**ORGANIZATION DETAILS**

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Our organization is a registered charity

Charitable Registration #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR:**

[ ]  We are partnering with a registered charity

Name of partner organization (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charitable Registration # of partner agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are partnering with a registered charity, you MUST complete and attach a signed Confirmation of Partnership Agreement form.**

**YOUR PROPOSAL**

1. How does this organization qualify as a food providing or food security organization?

1. How will this grant be used?
2. What geographic area will this grant serve?
3. What population will this grant serve? What is the estimated number of people who will benefit from this grant?
4. Is the request for this grant time sensitive, and if so when is the latest you would be able to benefit from it? (Please note that the RRFFF committee meets twice a year and assigns monthly grants for the six following months. This means that it may take up to 11 months from the time of your application until the time you may receive a grant.)

**AUTHORIZATION**

To be signed by two signing officers of your organization.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*I have the authority to bind the organization

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*I have the authority to bind the organization

If you are using a partner charity, you must also attach a completed and signed Confirmation of Partnership Agreement form, available on our website at:

<http://www.cfka.org/publications/documents-for-grants/apply>.

**FOR INTERNAL USE ONLY**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Grant (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_