MARY E. BIVINS FOUNDATION

SENIOR HUNGER SOLUTIONS
for the Texas Panhandle

2026 Healthy Senior Grant Application

The Healthy Senior Grant Program supports projects which improve the health, nutrition, well-being, and overall quality of life for older adults in the Texas Panhandle.

Applications will be accepted from August 12 – September 23, 2026 at 12:00 PM, Noon.

Please note the following:

- Requests may be for up to $50,000 per project and a minimum of $2,500.
- Only one application per organization will be accepted.
- If the total amount of requests exceeds the available funding, organizations that did not receive a grant in the previous cycle will receive priority.
- In order to apply, organizations cannot have an existing, active Healthy Senior Grant. Organizations may have an active Community Grant or Rapid Response Grant if for a different purpose.

Contact Information			
Name of Person Completing the Application:	**Title:**		
Email Address:		**Phone Number:**	
Primary Contact for Organization (if different from above):	**Title:**		
Email Address:		**Phone Number:**	

Organization Information			
Legal Name of Organization:		**Tax ID:**	
Physical Address:	**City:**	**State:**	**Zip Code:**
Mailing Address (if different from above):	**City:**	**State:**	**Zip Code:**
Organization Phone Number:	**Website:**		
Years in Operation:	**Geographic Service Area:**		
Entity Type:	☐ Governmental Entity: _____ ☐ Special District: _____ ☐ Nonprofit 501(c)3 ☐ Other: _____		

Organization Information Continued

Mission Statement:

Core Programs/Services:

Financial Information

Organization's Fiscal Year: ☐ Federal Fiscal Year: Oct. – Sept. ☐ Sate Fiscal Year: Sept. – Aug. ☐ Calendar Year: Jan. - Dec.
☐ Other: _____

Current Operating Budget:	**Amount in Reserves:**	**Location of Reserves:**

Any restrictions or explanation of reserves (include why they are not being used for this project):

Amount in Endowment:	**Location of Endowment:**

Any restrictions or explanation of endowment:

☐ Attach **most recent fiscal year-end** financials (i.e. audit, IRS 990, or internal financial statements).

Using the most recent fiscal year-end financials, enter the following:

$ _____	$ _____	$ _____	$ _____
Total Income	Total Expenses	Excess or Deficit	Net Assets

☐ Attach **current year-to-date** financial statements (must include Income/Expense and Balance Sheet).

Any explanation of fiscal year-end financials or current year-to-date financial statements:

Request Information

Request Title:	**Request Amount ($2,500 - $50,000):**

Request Priority Area*: ☐ Senior Food Security and Nutrition ☐ Healthy Aging and Senior Well-being

***Reference the Healthy Senior Grant Policy for priority area/type description available at** www.BivinsFoundation.org/senior

Request Type*:

☐ Food and Nutrition Support
☐ Program Support
☐ Facility Improvements
☐ Other:_____

☐ Food Infrastructure and Equipment
☐ General Equipment and Infrastructure
☐ General Operating Support

Using only one sentence, briefly describe how the funds will be used:

The funds will be used to…

Describe how the project will be accomplished, include project activities, persons responsible, timeline, etc.:

Describe how this project will directly target older adults and approximately how many older adults will benefit:

Request Information Continued

Describe the desired impact this grant will have on your organization and the people you serve, the difference this project will make for individual older adults and overall:

Check each of the following applicable project characteristics and briefly describe how the project aligns:

☐ Service to Rural Participants: _____

_____

☐ Service to Underserved or Vulnerable Older Adults: _____

_____

☐ Collaborative or Community Partnership: _____

_____

How will your organization and the project be impacted if this request is denied?

☐ The project will not be carried out.

☐ The project will be carried out on a smaller scale.

☐ The project will be carried out by utilizing funds from our savings, endowment, grants, or other sources.

☐ Other: _____

_____

Explain:

Request Information Continued

If the requested funds will be used for a recurring project or ongoing operating expenses, how will your organization plan to cover the cost in future years?

Project/Program Budget

☐ Attach a **proposed budget*** for the project or program – include all anticipated income and expenses.

- If your request includes specific items, services, or equipment, please attach vendor quotes, estimates, or other supporting docs.

*Find a sample Project Budget Template (optional to use) at www.BivinsFoundation.org/grants

Additional Attachments

☐ IRS Determination Letter

☐ Most Recent IRS Form 990 (as applicable)

☐ Organizational Chart (or list of key staff)

Authorization

I certify that the information provided in and attached to this application is true and correct to the best of my knowledge and I am authorized to submit a grant application on behalf of the above-mentioned organization.

Authorized Representative Print Name

Title

Signature

Date

Submit completed application and all supporting documents to Senior Hunger Program Officer, Kat English via email at k.english@bivinsfoundation.org