



## RAPID RESPONSE GRANT PROGRAM APPLICATION

### Contact

Primary Contact Name:	Title:
Email Address:	Phone Number:

### Organization

Legal Name of Organization:		Tax ID:	
Physical Address:	City:	State:	Zip Code:
Mailing Address (if different from physical address):	City:	State:	Zip Code:
Organization Phone Number:	Website:		
Years in Operation:	Geographic Service Area:		

Entity Type:

Nonprofit 501(c)3

Governmental Entity: \_\_\_\_\_

Special District: \_\_\_\_\_

Other: \_\_\_\_\_

Mission Statement:

Core Programs/Services:

## Financial

Organization's Fiscal Year:

Federal Fiscal Year: Oct. – Sept.

State Fiscal Year: Sept. – Aug.

Calendar Year: Jan. – Dec.

Other: \_\_\_\_\_

Current Operating Budget:

Amount in Reserves:	Location of Reserves:
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Any restrictions or further explanation of why reserves are not being used for this project:

Amount in Endowment:	Location of Endowment:
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Any restrictions or further explanation of why the endowment is not being used for this project:

Please attach **year-to-date financial statements**. Include Income/Expense Statement and Balance Sheet.

## Request

Request Title:	Request Amount (Max \$5,000):
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Request Summary – How will the funds be used?

Target Population – Who will benefit?

Is the request related to food insecurity among older adults? How?

## Request Type:

**Emergent Need** – Unexpected, urgent situation which impacts service continuity, essential operations, or client safety/wellbeing

**Time-Sensitive Need** – Opportunity where acting now has a meaningful benefit that may be reduced or lost if delayed

**Modest Need** – Not an emergency or necessarily time-sensitive, but a practical investment that will meaningfully improve service or operations under the \$5,000 grant limit

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Describe the desired impact a Rapid Response Grant for this request will have on your organization and the people you serve:

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## Project Budget

Income		Expenses	
Source	Amount	Source	Amount
Mary E. Bivins Foundation			
<b>Total Income:</b>		<b>Total Expenses:</b>	

## 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.

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Authorized Representative Print Name

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Title

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Signature

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Date

Submit completed application to Senior Hunger Program Officer, Kat English via email at [k.english@bivinsfoundation.org](mailto:k.english@bivinsfoundation.org)