



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:

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

Amount in Endowment:

Location of Endowment:

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):

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.

Note: Each request should have a direct impact on providing food to older adults and not be for regular operating expenses.

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

Project Budget

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

Income		Expenses	
Source	Amount	Source	Amount
Mary E. Bivins Foundation			
Total Income:		Total Expenses:	

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 to Senior Hunger Program Officer, Kat English via email at k.english@bivinsfoundation.org