



CARMA MOHLER FUND TO ALLEVIATE HUNGER GRANT APPLICATION

All applications and required documentation must be received no later than October 1 annually. Late or incomplete applications cannot be accepted by the Foundation so please follow all application requirements carefully.

Project Title:	
Organization:	
Organization Mailing Address:	
Organization City, State, ZIP:	
Organization Tax ID #:	
Contact Person Name:	
Contact Person Email:	
Program Coordinator Name:	
Program Coordinator Email:	
Board of Directors Chairperson Name:	
Board of Directors Chairperson Email:	
Amount Requested: \$	Total Project Budget: \$

We certify that all information included in this application and all attachments present a fair and complete description of our organization and how this grant will be used. If we receive funding, we agree to provide a report showing how funds were utilized and an evaluation of the success of the program no later than September 1 of the award year.

Applicant Signatures (3 required):

Contact Person Signature

Date

Program Coordinator Signature

Date

Board of Directors Signature

Date

Please attach the following four documents separately:

1. Confirmation of charitable nonprofit status, **either**:
 - a. Copy of the Iowa United Methodist Journal page that verifies inclusion as an Iowa United Methodist Church (grants to church-affiliated groups will be paid to the church), **OR**
 - b. Copy of IRS determination letter showing 501(c)(3) nonprofit status.
2. Mission Statement (organizational body and/or hunger-focused group)
3. Project budget, including pending and committed
4. Two letters of recommendation
 - a. Business reference
 - b. Business reference

A completed packet consists of the documents listed below in in the following order:

- 1. Application with signatures (3 different applicant signatures). See page 1.**
- 2. Essay questions (4 separate pages total). See pages 2-5.**
- 3. Confirmation of charitable nonprofit status. See page 6.**
- 4. Mission Statement. See page 6.**
- 5. Project budget, including pending and committed. See page 6.**
- 6. Two letters of recommendation. See page 6.**
- 7. Statement of applicant page (3 different applicant signatures). See page 8.**
- 8. Completed checklist (3 difference applicant signatures). Separate document.**

Statement of Applicant:

I certify that the information given on this application is true, correct and complete to the best of my knowledge.

Applicant Signatures (3 required):

Contact Person Signature _____
Date

Program Coordinator Signature _____
Date

Board of Directors Signature _____
Date

I understand late or incomplete applications cannot be considered by the foundation.

Applicant Signatures (3 required):

Contact Person Signature _____
Date

Program Coordinator Signature _____
Date

Board of Directors Signature _____
Date

Please submit completed checklist, application, and all required documents postmarked no later than October 1 annually to:

Iowa United Methodist Foundation | 2301 Rittenhouse Street | Des Moines, IA 50321

...for I was hungry and you gave me food....

Matthew 25:35