



Vermont Foodbank
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Vermont Foodbank Competitive Capacity Fund Application-2024

These questions will help the grant review team gain a stronger understanding of your initiative. Not all criteria need to be fully met in order to receive funding. If additional space is needed to provide your response, please feel free to submit a separate narrative document.

Date: _____
Name of Organization: _____
Mailing Address: _____
City, State, Zip: _____
Contact Person: _____
Contact Person Title: _____
E-mail: _____ Phone: _____

Is your organization a Network Partner of the Vermont Foodbank? **Yes** **No**

If yes, please indicate your 5-digit Agency Number:

Which Vermont county or counties will this project support?

- | | | | |
|----------------|-------------------|-------------------------|-------------------|
| Addison | Bennington | Caledonia | Chittenden |
| Essex | Franklin | Grand Isle | Lamoille |
| Orange | Orleans | Rutland | Washington |
| Windham | Windsor | Statewide impact | |

1. Grant amount requested (Requests up to \$20,000): \$ _____

2. In a few sentences, please explain your organization's mission.

3. How does your intended initiative fit into your organization's overall mission?

4. Does this initiative propose a new adaptation or expansion of services that works to address hunger or poverty? Is this initiative intended to have a deep impact for a limited number of community members or a broad impact for a larger number of community members?

8. How does this initiative involve or empower people or communities with firsthand experience of hunger? If it does, what systems are in place to ensure their involvement in decision-making?

9. Is this initiative engaging in work that addresses or repairs current systems of oppression? If so, please explain how your initiative aims to dismantle structural barriers to food security for groups who have been most marginalized by inequitable systems.

In an effort to address systemic harm that disproportionately affects certain marginalized communities, applications from organizations that are primarily led by Black, Indigenous or People of Color will be prioritized.

10. Is your organization primarily led by people who identify as Black, Indigenous or People of Color? **Yes** **No**

Please elaborate on what systems, policies or procedures you have in place to ensure those individuals have space for decision making power in your organization. If these systems are not currently in place, please feel free to share any current plans or aspirations your organization has for deepening this work moving forward.

11. Please submit an initiative-specific budget attachment that categorizes the total project costs. This budget does not have to be finalized but *should provide a clear picture to the grant review team as to how your organization is going to actualize your vision.*

Applications without a budget will be considered incomplete.

12. Could parts of this initiative happen with partial funding?
If so, which parts?

Yes

No

13. How much additional funding is needed to complete this initiative?
-

14. If additional funding is needed, please explain your plan to secure the additional funding. Planning to use this funding as leverage for other funding or in order to recruit others to your initiative is acceptable as long as a plan for securing total funding is timely and well-defined.

15. Has your organization received a Competitive Capacity Fund grant award during two consecutive calendar years during 2021-2023? *Due to increasing demand, the Vermont Foodbank review team may choose to prioritize applicants who have yet to receive funding during a previous grant cycle.*

Yes **No**

16. In order to maintain accountability and transparency with our communities, all grant awards distributed through this process will be made publicly available, including grant awardees, award amounts, and project descriptions. Do you consent to having the details of the project described above shared publicly?

Yes **No**

If your organization is being sponsored by a fiscal sponsor with a separate mailing address from the information provided at the beginning of the application, please include it here:

Name of Organization _____

Mailing Address _____

City, State, Zip _____

With Attention to: _____

Please submit your completed application to vfcapacityfund@vtfoodbank.org

If you have questions or if you are unsure if your initiative is the right fit for this grant, please feel free to contact Zach Hebert at zhebert@vtfoodbank.org or 802-989-8739.