

2023 Hunger Relief

The Foundation for MetroWest

About Your Organization

Primary Organization Name

Character Limit: 250

Fiscal Sponsor

If applicable.

Character Limit: 150

Mission Statement

Character Limit: 1500

Total Revenue*

From your most recently completed fiscal year.

Character Limit: 20

Total Expenses*

From your most recently completed fiscal year.

Character Limit: 20

Current Fiscal Year Budget*

If your current budget is not yet finalized, please provide your budget from your most recently completed fiscal year.

File Size Limit: 10 MB

Grant Contact

If the person we should contact about this grant is different than the person applying, please check this box.

Choices

Grant Contact

Grant Contact

Grant Contact First Name

Character Limit: 250

Grant Contact Last Name

Character Limit: 250

Grant Contact Email

Character Limit: 254

Grant Contact Phone Number

Character Limit: 250

Request

Project Name*

Please enter "[Your Organization Name] - General Operating Support" as the answer to this question.

Character Limit: 100

Request Amount*

Requests of up to \$10,000 are accepted.

Character Limit: 20

How many people do you serve in MetroWest* annually?*

If specific numbers aren't known, estimates are accepted. If you count by households, multiply the number of households by average household size.

*We define MetroWest as the following cities and towns: Acton, Ashland, Boxborough, Carlisle, Concord, Dedham, Dover, Framingham, Harvard, Holliston, Hopkinton, Hudson, Lexington, Lincoln, Marlborough, Maynard, Medfield, Medway, Milford, Millis, Natick, Needham, Sherborn, Southborough, Stow, Sudbury, Walpole, Waltham, Wayland, Wellesley, Westborough, Weston, and Westwood.

Character Limit: 250

MetroWest Programming*

What percentage of your work serves clients/communities in MetroWest (as defined in the previous question)? Estimates are acceptable.

Character Limit: 3

Primary Town of Impact*

Choices

Acton

Ashland

Boxborough

Carlisle

Concord

Dedham
Dover
Framingham
Harvard
Holliston
Hopkinton
Hudson
Lexington
Lincoln
Marlborough
Maynard
Medfield
Medway
Milford
Millis
Natick
Needham
Sherborn
Southborough
Stow
Sudbury
Walpole
Waltham
Wayland
Wellesley
Westborough
Weston
Westwood

Additional Town(s) of Impact

Choices

Acton
Ashland
Boxborough
Carlisle
Concord
Dedham
Dover
Framingham
Harvard
Holliston
Hopkinton
Hudson
Lexington
Lincoln
Marlborough
Maynard
Medfield

Medway
 Milford
 Millis
 Natick
 Needham
 Sherborn
 Southborough
 Stow
 Sudbury
 Walpole
 Waltham
 Wayland
 Wellesley
 Westborough
 Weston
 Westwood

Program Areas*

Select all that apply. Please only select program areas that your organization is actively offering in MetroWest or will be offering in MetroWest within the next year.

Choices

Client-Centered Programs (i.e. locally grown, culturally relevant, nutritious, or diet-sensitive)
 Food Recovery and/or Food Redistribution
 Gap Meal Initiatives (youth and families)
 Local Agriculture (i.e. community gardens, land use, CSAs)
 Mobile and/or Neighborhood-based Food Programs & Markets
 Promoting and/or Fostering Collaboration (across communities and/or the local food system)
 SNAP, WIC, or HIP Benefit Access (acceptance and/or referral)
 Other

Other Program Areas

If "other" is selected above, please describe. Only program areas related to hunger relief and food security are needed.

Character Limit: 1500

Your Programs and Community*

Please tell us about your hunger relief program(s).

Potential topics to address are:

- Your community(ies) and its(their) strengths and challenges
- How your program(s) meet(s) community needs
- Your approach and program model
- External factors impacting your work
- Current organizational/program challenges

- Recent organizational/program successes
- Lessons learned
- New opportunities

Character Limit: 6000

Collaboration*

Will you need to collaborate with any organizations to accomplish your work in the coming year? If yes, include the organization(s) name and the nature of the collaboration.

Character Limit: 5000

Additional Information

Is there anything else you would like to share that is relevant to your application?

Character Limit: 3500 | File Size Limit: 10 MB

Payment Information and Mailing Address

Payment Information*

If your organization is selected for a grant, to what entity should a check be made out?

Character Limit: 250

Attention to:

To whom should payment be mailed?

Character Limit: 250

Mailing Address

Address Line 1*

Character Limit: 250

Address Line 2

Character Limit: 250

City/Town*

Character Limit: 250

State*

Character Limit: 250

Zip Code*

Character Limit: 250

