



## Double Comfort Foods

### *Request for Support of Local Hunger Agency*

Double Comfort Foods (“DCF”) is a social enterprise in business to be a revenue stream for hunger-relief agencies. Double Comfort believes that no one should go hungry, and that ending hunger will improve the lives of many people in the State of Ohio. To that end, we donate 100% of net profits from the sale of Double Comfort southern-inspired foods to support hunger-relief agencies in central Ohio.

The Double Comfort Charitable Advisory Council reviews grant applications throughout the year and selects a non-profit partner (“**Selected Partners**”) per grant period. A grant period is a period of one (1) year, commencing on the first day and ending on the last day of a DCF Fiscal Year.

Once selected, DCF will meet with Selected Partners to discuss ways to develop synergies between our organizations, including inclusion within our social media campaigns where appropriate.

Selected Partners will receive their funds within 60 days after the end of the applicable DCF fiscal year. Within 1 year of receipt of funds from DCF, Selected Partners are required to provide to DCF an outcome report stating the numbers served and impact of the award. We appreciate photos that can be shared to demonstrate the DCF community partnership.

**APPLICATION STRUCTURE.** This application is in 2 sections. Section A asks for basic contact information for the applying organization (referred as “**You**” or “**Your**”). Section B asks you to answer a list of questions to give us a better understanding of who you are as an organization and the work that you do to relieve hunger.

#### **A. APPLICANT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

Status – 501(c)3 \_\_\_\_\_ EIN: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Telephone \_\_\_\_\_ Email: \_\_\_\_\_

Application Date: \_\_\_\_\_

THE QUESTIONS ARE PART OF THE APPLICATION. APPLICATION WILL NOT BE CONSIDERED WITHOUT COMPLETION OF QUESTIONS.

The undersigned hereby represents that he/she is the an officer or other authorized agent of the Applicant organization and that he/she is 18 years of age or over.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



**B. QUESTIONS ABOUT APPLICANT**

*Please answer the following questions to help us better understand You and the work that You do. Please attach a separate sheet of paper if you need additional space, but please stay within the word limits set out in each question. Thank you!*

**1. What is Your mission? (100 words or less)**

**2. Describe how You provide direct food assistance?**

(a) Describe type of assistance provided. (100 words or less)

(b) Describe how You acquire the resources/food to provide assistance? (100 words or less)

**3. How many people did You assist last year, last month? Please include the number or unique (unduplicated individuals served and number of meals served).**





**8. What is the most significant thing You do to help people who are hungry. (500 words or less)**

**9. What do You do that is unique among hunger agencies? Why is it effective? (500 words or less)**

**10. Has Your program, and/or the population You serve, had any significant changes in the past year? If so, what were those changes and why did they occur? (250 words or less)**

