



APPLICATION FOR SUPPORT
2018
ERIE COUNTY CROP WALK

IMPORTANT: All questions must be answered and all requested documents attached in order to receive consideration for CROP local fund allocations.

Agency Name \_\_\_\_\_ Phone No. \_\_\_\_\_
Email \_\_\_\_\_

Agency
Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

- 1. Is your Agency ecumenically (inter-faith or inter-church) sponsored or supported?
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Please describe the services provided by your Agency, including who is served (i.e., are there special needs, age groups or populations served?).

\_\_\_\_\_
\_\_\_\_\_

- 3. How many people were served by your Agency last year? (Please indicate if any significant changes were experienced by your Agency.)

\_\_\_\_\_
\_\_\_\_\_

- 4. What limitations and/or restrictions does your agency place on service?

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Please provide a description of geographical location service and special services available, including delivery:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

- 5. Are you a member Agency of the Second Harvest Food Bank? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Amount of CROP Walk Funds requested: \_\_\_\_\_

7. Describe how these funds will be used. Be as specific as possible.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

8. What other sources of funding are you seeking? \_\_\_\_\_

---

---

9. Have you previously received CROP Walk funding? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, specifically how were those funds used? \_\_\_\_\_

---

---

10. An annual report and/or financial statement of the requesting Agency must be attached  
• Do you anticipate significant changes in income and/or expenses this year?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes what changes and why? \_\_\_\_\_

11. Has the Federal Internal Revenue Service granted your Agency a 501 ©3 tax exempt status?  
Yes \_\_\_\_\_ No \_\_\_\_\_

12. In what ways has your Agency participated in the Erie County CROP Walk in the past?

---

13. Who are the churches that walk in the Crop Walk that are sponsors for your Food Pantry?

---

---

14. In what ways could your Agency assist with the Erie County CROP Walk?  
Help with mailings \_\_\_\_\_ Provide copying/printing \_\_\_\_\_  
Serve on Committee \_\_\_\_\_ Serve on Board \_\_\_\_\_  
Recruit churches/organizations and/or people to walk \_\_\_\_\_

### **Erie County CROP Hunger Walk** **Criteria for Allocation of Local Funds**

- a. Needs of area served by Agency
- b. Number of individuals/families served
- c. Needs of Agency
- d. Availability of other funding sources
- e. Responsible management of available resources, including appropriate eligibility criteria, record-keeping, etc
- f. Agency's commitment to a policy that food assistance will be given without discrimination in regard to ethnic background, race, religion or nationality
- g. A willingness to assist and promote the Erie County CROP Walk through churches and organizations in the Agency's constituency • Agency must be ecumenically sponsored

To be considered for a grant your application the form must be returned by **October 3, 2018**

**MAIL TO:**

**Erie County CROP Walk  
c/o Lamb Of God Lutheran Church  
606 E 38 Street, Erie, PA 16504**

**SORRY NO EXCEPTIONS!**  
**FUNDS CANNOT BE GIVEN IF NOT RECEIVED BY THE DEADLINE**