Franklin County Food Pantry Support Fund Application 2026-27

Application Deadline:
Submit completed applications to:

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1. Organization Information

- Organization Name: _____
- Mailing Address: _____
- Physical Address (if different): _____
- Primary Contact Person: _____
- Title/Role: _____
- Phone: _____
- Email: _____
- Website (if applicable): _____
- EIN / Tax-Exempt Status: _ _____
- Type of Organization (check one):
  - ◯ 501(c)(3)
  - ◯ Municipality
  - ◯ Faith-based organization
  - ◯ Other (please describe): ___

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2. Pantry Information

- Days/Hours of Operation: _____
- Average Number of Households Served Per Month: _____
- Service Area (towns/counties served): _____
- Is your pantry part of Good Shepherd or another food distribution network?
  - ◯ Yes

◯ No
If yes, please specify:

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3. Funding Request

- Total Amount Requested: $_____
- Briefly describe what the requested funds will be used for
  (e.g., food purchase, refrigeration/freezers, fuel for delivery, staffing support, infrastructure improvements):

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4. Demonstration of Need

Please provide a short description of the challenges your pantry is currently facing (e.g., increased demand, supply shortages, rising food costs, transportation needs):

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5. Impact of Funding

How will these funds strengthen your ability to provide food assistance?
(Include expected outcomes, increased capacity, or program improvements.)

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6. Budget Breakdown

Please list all regular funding sources of your organization:_____

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Total Annual funding$_____

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7. Additional Information (optional)

You may provide any additional details the committee should consider:

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8. Certification and Signature

I certify that the information provided in this application is true and accurate to the best of my knowledge.

Name: _____
Title: _____
Signature: _____
Date: _____