

# Lumbee Community Services Partnership Grant Application FY 2009 for Emergency Food Assistance

## PART I. General Information

1. Name of Organization:

\_\_\_\_\_

2. Street Address of Organization: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Precinct: \_\_\_\_\_

3. If your mailing address is different from your street address, please provide the mailing address of the organization:

\_\_\_\_\_

\_\_\_\_\_

4. Telephone# \_\_\_\_\_ Fax#: \_\_\_\_\_ E-Mail \_\_\_\_\_

5. Name of Person responsible for administering the food program:

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

Title: \_\_\_\_\_ Phone #: (Day) \_\_\_\_\_

Email address: \_\_\_\_\_ (Evening) \_\_\_\_\_

## PART II: Description of Organization

1. Type of Organization:

\_\_\_\_ Nonprofit \_\_\_\_ Faith-Based \_\_\_\_ Other (Describe below)

2. Do you have federal tax exemption? \_\_\_\_ Yes \_\_\_\_ No

3. Years in existence: \_\_\_\_\_

4. What is your service area?

Application Due Date: Applications must be postmarked no later than January 14, 2009 or hand-delivered to the Lumbee Tribal Enrollment Office by 5:00 PM on January 14, 2008.

5. What services do you now provide? And, how long have you provided these services?

6. State the Primary Mission of your organization below:

7. If your organization is funded, how much money will your organization contribute to this project?

\$ \_\_\_\_\_

**PART III. Facility Information.** The following information helps us to determine if you have the space and equipment needed to store dry foods and foods that need to be refrigerated.

Check the following items that your organization has:

Refrigeration Unit \_\_\_\_\_ How much space: \_\_\_\_\_

Freezer Unit: \_\_\_\_\_ How much space: \_\_\_\_\_

Storage Space: \_\_\_\_\_ How much space: \_\_\_\_\_

**PART IV: Organization Abilities:**

1. Is your organization able to provide volunteers to pick up food from the Food Bank in Fayetteville, North Carolina:

\_\_\_\_\_ Yes \_\_\_\_\_ No  
How many volunteers are available? \_\_\_\_\_

2. Does your organization have written rules regarding funds received and disbursed? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, please attach)

3. Is your organization a member of the NC food bank? \_\_\_\_\_

4. What are your sources of funds?

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**5. Describe the services your organization has provided for the past year toward helping alleviate poverty among low income Indian households.**

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**6. In the space below or on separate paper, describe the organization's plan on how it will provide emergency food to low income Lumbee families. In the plan, make sure you include the number of low income Indians you anticipate serving and how you will inform the Lumbee community of the availability of food assistance through your organization.**

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**CERTIFICATION**

I, \_\_\_\_\_, hereby certify that the information  
contained in this application is true and accurate.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

*Funding for this program effort is made available by a grant from the U. S. Department of Health &  
Human Services to the Lumbee Tribe of NC.*

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