



# at the Registers - APPLICATION

Organization: \_\_\_\_\_

Organization's mission statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community served: \_\_\_\_\_ Neighborhood: \_\_\_\_\_

1) Is this organization a food shelf?:  Yes  No

2) Is this organization a 501(c)(3) nonprofit?  Yes  No  
*If Yes, attach a PDF version of your certification to this application.*

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Is the work for which you are seeking funding time sensitive?:  Yes  No

Are you requesting selection during a specific month?:  Yes  No

Requested month: \_\_\_\_\_  
*Months not available are March, October and November.*

Please elaborate: \_\_\_\_\_

Give us *Your pitch!* in two sentences or less. *Cashiers usually have about ten seconds to describe the monthly SEEDLINGS recipient to a customer. Please describe your organization and how the funds will be used.*

\_\_\_\_\_

\_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_