

**Chester County Food Bank
Capacity Building Grant Application**

Date of Application Submission: _____

Organization: _____

Name of Contact: _____

Contact Person's Phone Number: (_____) _____ - _____

Organizations Physical Address: _____

City: _____ Zip Code: _____

Organizations Mailing Address: _____

City: _____ Zip Code: _____

Please attach a brief explanation of why your organization is applying for the Capacity Building Grant. Specifically state the need, what equipment, repairs, or construction is needed and how many people will benefit from the grant (number of participants served), and how the award will increase your Agency's capacity to distribute real, healthy food. Please include costs, bids or any other information that will support the need for this grant.

All grant applications must be signed by the Executive Director (or main volunteer) of the organization.

Member Organization Representative

Signature: _____

Name: _____

Title: _____ Date: _____

**Make a copy of your Agency's application for your records.