**Application for Grant Assistance**

**Charlotte Food Shelf, Inc.**

**P.O. Box 83**

**Charlotte, VT 05445**

***Please Print***

| **Name of Applicant** |  |
| --- | --- |
| **Address of Residency** |  |
| **Town** |  |
| **Phone** |  |
| **Email** |  |
| **Number of Full-Time Residents in Household** |  |
| **Are you registered with the**  **Charlotte Food Shelf?** | **Y / N** |

**Reasons for Applying**

**I request grant assistance from the Charlotte Food Shelf for the following purpose(s):**

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|  |
|  |

**\*Please provide the most recent invoice from the provider pertaining to this request.**

**Permission to Contact Other Parties**

I understand that the Food Shelf may need to contact third-party providers for which I am requesting funds to pay outstanding obligations. I am also aware that the Charlotte Congregational Church and Our Lady of Mount Carmel Church may become involved with my efforts to seek assistance. I give permission to the Charlotte Food Shelf to notify and speak with such providers and partnering churches about this application.

**Confidentiality**

I pledge to keep confidential all information regarding any grant assistance that I may receive as a result of this application. I understand that to protect my privacy, the Charlotte Food Shield and partnering churches will also keep confidential all information that I provide.

Signature of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rev. 1/22