Senior Nutrition Project • Application

Project Title:		
Project Dates: Beginning:	Ending:	
Name of Organization	Web Site_	
Mailing Address:		
Contact Person:	E-Mail:	Phone:
Amount Requested: \$	Total Project Cost: \$	
I attest this organization is a mem	nber of the Kitsap Food Bank	Coalition, located within Kitsap County
Check all that apply:		
□ Equipment or Infrastructure	••	
• •	nent equipment for senior nut	rition goods or services.
☐ Support existing or develop a	a Senior Nutrition Program	:
Activities and expenditures designed to support existing or new senior nutrition program		
□ Staffing:		
Increase staff hours to support existing or new senior nutrition program		
□ Other:		

APPLICANTS MUST SUBMIT THE FOLLOWING:

- 1. W-9 Documentation of non-profit status.
- 2. The organization's **most recent independent audit** or financial statement created by an independent source. Other documentation showing financial viability may be considered if agency is newly created and the documentation is prepared by an independent source.
- 3. Completed Project Description form including a description of the proposed project with an explanation of how it will assist in addressing food insecurity for older adults. Budget must include all income and expenses for the project (including if there are other revenue sources, matching funds and/or in-kind contributions).
- 4. Certificate of Insurance evidencing that any required insurance coverages are, or will be, in effect through the June 30, 2025.
- 5. If these basic criteria are not met, the application will not be reviewed

Other expenditures to support existing or new senior nutrition program

Send Completed Application and Required Documentation to:
Glen McNeill
Kitsap County Administrative Services
614 Division St., MS-7
Port Orchard, WA 98366

All documentation must be received by deadline and contain ALL submission requirements to be considered for funding.

Questions? Call Glen McNeill at 360.337.4789 or e-mail gsmcneill@kitsap.gov