



## **Mini-Grant Process**

### **Purpose**

To provide funding to seize opportunities and address barriers to ending child hunger in Montana, and help program providers involved in the 10-Step Plan to End Childhood Hunger achieve their targets/benchmarks.

### **Eligibility**

Align with MT-PECH's 10-Step Plan to End Childhood Hunger and Mission Statement: Eliminate childhood hunger through building awareness, maximizing community resources and supporting policy advocacy. To view the 10-Step plan go to: <http://mt.nokidhungry.org> and click on the MT-PECH logo.

### **Application Due Date:**

Applications will be reviewed on a rolling basis, in the order they are received and will be given thoughtful consideration based on need and impact. All applicants must submit a complete application; incomplete applications will not be considered. Grants awarded on a first come first served basis.

### **Grant Amount:**

\$250-\$1,000 - Grant applications will be evaluated based on: the need, the impact, support, sustainability, and alignment with MT-PECH goals. Applications for higher amounts could be considered; contact us to inquire further.

### **Grant Report:**

A grant report is due after 1 year or at the end of the project. Reporting guidelines will be included in the grant acceptance letter.

### **Have questions?**

Stacey Nybo Black - 406-255-5372 – [Stacey.black@fib.com](mailto:Stacey.black@fib.com)

Lisa Lee, RD - (406) 444-3518 – [llee@mt.gov](mailto:llee@mt.gov)



## Mini-Grant Application

Date of application: \_\_\_\_\_

Legal name of organization: \_\_\_\_\_

Address of organization: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Director or contact and title: \_\_\_\_\_

Is your organization a IRS 501(c)(3): \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Mission of organization: \_\_\_\_\_

\_\_\_\_\_

Brief summary of the need for funding and current barriers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this a new program or expansion of a current program? \_\_\_\_\_

Number of individuals impacted: \_\_\_\_\_ Total project budget: \$ \_\_\_\_\_

Grant request: \$ \_\_\_\_\_ Date funds are needed: \_\_\_\_\_

\_\_\_\_\_

Please attach a brief description of your organization and the project you are requesting funding for including:

- Community impact
- Implementation plan and dates for implementation
- Plan for sustainability

Submit to: Stacey Black @ PO Box 7113 – Billings, Montana 59103

or email to Lisa Lee at [LLee@mt.gov](mailto:LLee@mt.gov) with the subject line: PECH mini-grant

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