



Lutheran Foundation of New Jersey

Grant Application: Food Pantry Program

This form can be completed by the pastor or any member of the congregation who works with the congregation's food ministry.

Contact Information

Name: _____

Address, City, State, Zip: _____

Telephone: _____ Fax: _____

E-mail address: _____ Website: _____

Organization Information

Legal name: _____

Address, City, State, Zip: _____

Telephone: _____ Fax: _____

E-mail Address: _____ Website: _____

Mission Statement: _____

Total Income: _____

Total Expenses: _____

Board/Council: _____

Program Title: _____

Request Date: _____

Requested Amount (up to \$2,000): _____

Purpose of the requested funds: _____

Goal: _____

Program Progress: _____

Demographics of people being served: _____

Food Pantry Program

Name of Church: _____

Amount: \$ _____

Responsible party for grant money: _____

Utilization (projection of use over 6 month period): _____

Timeline: 6 months

Program Narrative (1 paragraph) Describe current program, who the program serves, hours of operations, number of volunteers: _____

Does your pantry keep records? _____

Do you utilize the NJ Food Bank Program? _____

How is your program funded? _____

Please return the completed form to:

Lisa Raylene Barnes
Director of Community Partnering & Advocacy
Lutheran Social Ministries of New Jersey
6 Terri Lane, Suite 300 Burlington, NJ 08016
lbarnes@lsmnj.org
Phone: 609-699-4143
Fax: 609-386-7191

Once an application is received, you will be contacted to set up a site visit of your food pantry or the food pantry your congregation is associated with, in your community. Once the site visit is complete, your application will be processed. Congregations that are approved will receive a phone call and the check will be sent to the church. Churches must keep all receipts from the Food Pantry grant money. Receipts and a completed evaluation form are to be turned into LSMNJ within 6 months of the date the grant was received.