



**Food Pantry Grant Funding Application**

Organization Name: \_\_\_\_\_

Name of responsible applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Project Name: \_\_\_\_\_

Funding Amount Requested: \_\_\_\_\_ (Funding available from \$500-\$2,000)

Project Description:

Intended Outcome of Project:

**Submit application to:**

via mail:  
Shiawassee Family YMCA  
Attn: Joe Hammontree  
515 W Main St, Owosso, MI 48867

Via email:  
Joe Hammontree  
[jhammontree@shiawasseeymca.org](mailto:jhammontree@shiawasseeymca.org)