



# **PROGRAM APPLICATION • INSTRUCTIONS**

## ► **Overview**

Applications are now being accepted for Whole Foods Co-op's G.I.V.E.<sup>1</sup> program that strives to connect our shoppers and organizations in our community that support a thriving community for all residents of the Duluth/Superior area.

## ► **Applicant Eligibility**

Applications are considered on the basis of timeliness (must be received prior to November 1 for consideration to be included in the program in the coming calendar year) and correspondence with WFC's Ends Statement: *In Duluth, there is a thriving consumer-owned cooperative that supports, invests and partners to create a healthy community including, but not limited to, a healthy regional food system.*

Priority will be given to organizations that additionally:

- Reflect the cultural and racial diversity of our communities.
- Use the funding for specific projects rather than general operating costs.
- Are nonpartisan and do not advocate a particular religion.
- Are registered 501(c)(3) nonprofit organizations.

## ► **How to Apply**

Please submit three copies each of the following written materials. Do NOT staple materials together.

- 1. Cover Sheet:** Written materials must include a cover sheet with full contact information. Provide three copies.
- 2. Narrative:** Please provide three copies of a separate narrative (no more than two pages) including the following:
  - Information about your organization and its mission. This should include photos of / relevant to the work of your organization.
  - Your choice of preferred months to be featured in the G.I.V.E. Program.
  - Specific information about how the G.I.V.E. funds will be used including at least two metrics that can be quantified in WFC's report back to shoppers and staff (e.g., how each dollar could be quantified as a meal or part-thereof, so we could say "This \$xxxx represents 94 meals provided...")
  - If your organization has received funding from Whole Foods Co-op in the past, please describe how this funding supported your stated goals.
- 3. Supporting Materials:** Applicants may also include no more than one piece of supplemental information (brochure, flier, annual report, etc.) with the written materials. Two or fewer pages is preferred; provide three copies.
- 4. 501(c)(3) Certification:** Please include your 501(c)(3) certification, if applicable (one copy is sufficient).

All materials are to be mailed to: Whole Foods Co-op Operations Manager, 610 E.4th St., Duluth, MN 55805

<sup>1</sup> Generous Investment in Vital Entities (G.I.V.E.)

## HILLSIDE

610 East 4th Street  
Duluth, MN 55805



WHOLE FOODS  
CO-OP

## DENFELD

4426 Grand Avenue  
Duluth, MN 55807

# **PROGRAM APPLICATION • PROCESS**

### ► **Selection Process**

All applications received before November 1 of the year will be considered for being part of the G.I.V.E. Program for the following year. Applications will be reviewed by a panel of WFC employees, and WFC will communicate with your organization about the application status prior to the start of the new year.

If your organization is selected to participate in the program, Whole Foods Co-op may need you to:

- Have a designated person from your organization available to participate in the filming of a short (2-minute) video detailing the mission of the organization and the purpose of the funding. This will be shared internally and the Co-op and made available on our website and Facebook page.
- Have a representative of your organization available to speak to our staff in the week prior to the beginning of your organization's G.I.V.E. round-up month.
- Have a representative from your organization available for a check presentation / photo op the week after the conclusion of your organization's round-up month.

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## PROGRAM APPLICATION • COVER SHEET

### ► Contact Information

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

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_

Is your organization a 501(c)(3) nonprofit? Y / N

Please include certification with submission.

### ► Name and Address for Check Remittance

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

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Memo: \_\_\_\_\_

### ► Summary

Please provide a short description below of your organization and how the funds will be used:

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