

**Harmony Co-op Community Kitchen** **Grant Proposal**

**PROJECT TITLE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Business:** Sole Proprietor □ Corporation/LLC □ Non-Profit □

*(Please note that Non-Profit businesses are eligible for grant monies up to a maximum of $500.00 worth of Harmony Co-op’s Community Kitchen use. All other businesses/individuals are eligible for a maximum of $300.00.)*

**I. Proposal Summary (Executive Summary)**

**II. Organization Description and History**

**III. Background**

**IV. Project Description (Program Narrative)**

**V. Project Timeline**

**VI. Equipment Needs for Project** (Describe how you will meet your equipment needs beyond what is already provided in the Community Kitchen if applicable. For a complete list of available equipment, please contact Lisa W.)

**Agreement:**

By signing this application, you agree to the following:

* All information is true and accurate to the best of your knowledge.
* If funding is approved, the grantee agrees to:
  + Mention that the product was produced in the Harmony Co-op Community Kitchen with stickers that we will provide.
  + Allow Harmony Co-op to use your name in promotional material and/or press releases.
* Grant monies will be used within a three (3) month period from start of project.
* The appropriate Department Manager will decide if the product is carried in the store and as per our Product Policy.
  + If the product is approved, the grantee will keep pricing consistent if they are selling to other entities or on their own.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Internal Use Only:**

Approved □ Not Approved □

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_