

**Application for Grant Assistance  
Charlotte Food Shelf, Inc.**

P.O. Box 83  
Charlotte, VT 05445

*Please Print*

<b>Name of Applicant</b>	
<b>Address of Residency</b>	
<b>Town</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Number of Full-Time Residents in Household</b>	
<b>Are you registered with the Charlotte Food Shelf?</b>	<b>Y / N</b>

**Reasons for Applying – Please provide as much information about your situation as possible so we can better assess your needs. For example, we need more details than “I am behind on my bill”.**

**I request Grant Assistance from the Charlotte Food Shelf for the following purpose(s):**


**\*Please provide the most recent invoice from the provider pertaining to this request.**

**Are you on a payment plan with this provider? Y/N**

**Will this payment make you current with this provider? Y/N**

**Permission to Contact Other Parties**

I understand that the Charlotte Food Shelf may need to contact third-party providers for which I am requesting funds to pay outstanding obligations. I am also aware that the Charlotte Congregational Church and Our Lady of Mount Carmel Church may become involved with my efforts to seek assistance. I give permission to the Charlotte Food Shelf to notify and speak with such providers and partnering churches about this application.

**Confidentiality**

I pledge to keep confidential all information regarding any grant assistance that I may receive as a result of this application. I understand that to protect my privacy, the Charlotte Food Shelf and partnering churches will also keep confidential all information that I provide.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
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