

City of Los Alamitos

Food Insecurities Non-profit Grant Opportunity – Second District ARPA Meal Gap Program

Deadline to submit application: 11/29/21

Email enoda@cityoflosalamitos.org with *Subject Title: Non-profit Grant Program Application*
or mail to 10911 Oak Street, Los Alamitos, CA 90720 Attn: Emeline Noda

APPLICANT/ORGANIZATION

Name of Applicant _____

Street Address _____

City _____ State _____ ZIP _____

Phone Number _____ Email Address _____

ORGANIZATION

Name of the Organization _____

Legal Entity Name _____

Non-profit Tax ID Number (EIN) _____

Non-profit Status/Designation _____

Year Organization Started _____ Website _____

Type of Organization _____

FOOD INSECURITIES SERVICES

By marking the box below, I/we certify that my/our organization is an established non-profit/church (based in Los Alamitos or affiliated with Serve Los Al and in good standing) that exists to provide for food insecurities in part of its mission and/or as a benefit to those served directly by our organization.

My organization will utilize this grant of \$5,000 to provide for food insecurities which are necessary expenditures incurred due to the public health emergency with respect to COVID-19. Food insecurities provision of services are part of our mission to benefit those in need serviced by our organization.

CONSTITUENTS SERVED ANNUALLY

Total _____

HOW WILL YOU USE THE GRANT FUNDS (SPENDING PLAN)?
(THE AMOUNT REQUESTED MUST ADD UP TO \$5,000)

Provision of providing food/meal gap programs to clients with insecurities due to the Covid-19 pandemic:

Description of goods to be provided: _____

Method and date of distribution: _____

Total anticipated constituents served: _____

Total must add up to \$5,000.

Grant distributed on a first come, first serve basis.