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Preview - Grocery Grant 2025

Organization details	
Legal Name of Organization:	
[Q0a]What is the mission of your organization?	
7 Official website:	
Organization Incorporation Status Charity Not-for-profit Business Corporation	
 Band council We are not registered with the CRA Other, please specify 	
If you are registered with the CRA, please provide your CRA registration number (RR, RC, or BN) below. If you are not register with the CRA, please write "N/A".	ec
Organization Street Address	
Where is your organization located?	
Torganization Street Address	
Suite/Unit Number	
Tity City	

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Nova Scotia
- Ontario
- Prince Edward Island
- Quebec
- Northwest Territories
- Nunavut
- $\bullet\, Yukon$

Saskat	
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Postal Code	
Is your organization's mailing address the same as your organization's street address? Yes No	
Organization Mailing Address f your organization's mailing address is different from your organization's street address, please share the mailing address belo	w.
7 Organization Mailing Address	
Suite/Unit Number	
Za City	
Province/Territory	
Alberta British Columbia Manitoba New Brunswick Newfoundland and Labrador Nova Scotia Ontario Prince Edward Island Quebec Northwest Territories Nunavut Yukon Saskat	
chewan 🛂	
Postal Code	
Primary Contact Information	
7 First Name	
A Last Name	

Secondary Contact	
A First Name	
A Last Name	
7 Title	
Phone Number	
Email Address	
Program Overview	
[Q0b]If your organization program you are seeking fu	n runs multiple distinct programs, please provide the name and a brief description of the specific nding for.
We award Grocery Gra	nt recipients up to \$5000. What amount of funding are you applying for?
- We award Grocery Gra	it recipients up to \$5000. What amount of funding are you applying for:
[Q1]The specific progra	m I'm applying for is best described as (choose one):
 Prepared meals served of Prepared meal delivery School or after-school nutrice Community kitchen (world Social service program with Gift card distribution 	food to be prepared at home (i.e., food bank or hamper program) n-site (i.e., drop-in or residential program) utrition program for children and youth kshops on meal preparation to be eaten by clients) vith a non-food primary focus that serves meals/snacks to its low-income clients
[Q2]Which of the follow apply.	ing area-related statements describe your program's catchment area / location? Please select all that
	community covered by the Nutrition North program
□ (C) My program is the on	ly source of emergency food aid in a rural community

- $\hfill\Box$ None of these statements apply to my program
- [Q3] How often does your program run? (choose one)
- o Daily
- o Multiple days per week
- WeeklyMultiple days per month

Other place and if
o Other, please specify
☑ [Q4]What age ranges do you serve?
 Babies and toddlers: 0-4 years old Children: 5-11 years old Youth: 12-18 years old Young Adults: 18-24 years old Emerging Adults: 25-30 years old Adults: 31-65 years old Seniors: 65+ years old
[Q5a]Is your program intended exclusively for a specific demographic? (e.g., if your program is intended to only serve refugees)
YesNo
[Q5b]If your program is intended exclusively for a specific demographic, select all that apply. (e.g., if your program exclusively serves 2SLGBTQIA+ refugees, select "Exclusively serves 2SLGBTQIA+ people" and "Exclusively serves refugees.")
My program is not intended exclusively for a specific demographic Exclusively serves newcomers to Canada Exclusively serves refugees Exclusively serves people who are homeless or marginally housed Exclusively serves women Exclusively serves women Exclusively serves 2SLGBTQIA+ people Exclusively serves Indigenous people Exclusively serves Black people Exclusively serves Muslim people Exclusively serves Muslim people Exclusively serves another religious minority Exclusively serves another religious minority Exclusively serves people with chronic or life-threatening illness Exclusively serves people with disabilities (physical or intellectual) Exclusively serves people with mental illness Exclusively serves children, youth, or their families Exclusively serves students Other, please specify
[Q5c]If you checked any of the boxes associated with the above question, please describe the ways in which your program operates in order to serve the distinct needs of this population:

The next question is: Regardless of if your program exclusively serves a specific group, do you notice patterns in who comes to your program?

Notes: This question is relevant whether your program serves a population exclusively or not (i.e. if you are a drop-in for any and all people in need but you notice a majority of mentally ill clients, you should mark 'more than 50% are people living with mental illness'). You can choose multiple answers - for example, if you are a program that serves refugees and most of them are Black Caribbean people, you should choose 'more than 50% refugees' and 'more than 50% Black people'. If you don't see that more than 50% of your clients have a demographic in common, or don't have the information to make estimates, please choose 'We don't observe patterns like this in our client base.'

□ More th	
	an 50% newcomers to Canada
- Mara 11	an 50% refugees
	an 50% people who are homeless or marginally housed
	an 50% men
	an 50% women
	an 50% 2SLGBTQIA+ people
	an 50% children, youth, or their families
	an 50% single parents
	an 50% Indigenous people
	an 50% Black people
	an 50% Jewish people
	an 50% Muslim people
	an 50% people of another religious minority
	an 50% seniors
	an 50% people with disabilities (physical, chronic, or intellectual)
	an 50% people struggling with addiction or substance use
	an 50% people with mental illness
	an 50% people with terminal or life-threatening illnesses
	an 50% people involved in the criminal justice system
□ Otner, p	please specify
	Optional: If you checked any of the above boxes, please describe the ways your program is tailored to serve the distinct his/these population(s):
	
	o you run other food programs available to the same clients as served by the program discussed above? If yes, what best
describes	5 , 5 a . 6 . 7 c . 7 c . 6 . 6 . 7 c . 7
	those programs?
- No this	those programs?
	those programs? does not apply to our organization
□ A progr	those programs? does not apply to our organization am that provides food to be prepared at home (i.e., food bank or hamper program)
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□ A progr□ Prepare□ Prepare	those programs? does not apply to our organization am that provides food to be prepared at home (i.e., food bank or hamper program) ad meals served on-site ad meal delivery
□ A progr□ Prepare□ Prepare□ School	those programs? does not apply to our organization am that provides food to be prepared at home (i.e., food bank or hamper program) d meals served on-site d meal delivery or after-school nutrition program for children and youth
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Engaging Families, Households, and Support Systems
[Q9a]Do you engage clients' families, households, and/or support systems in your program in ways that meaningfully impact client well-being?
 □ No: we do not meaningfully engage with the families or support systems of clients □ Yes: we engage clients' families or support systems through skill-building education (e.g., cooking workshops, parenting skills workshops, etc.) □ Yes: we engage and strengthen clients' families or support systems through developing healthy life and food practices outside of the program (e.g., household menu planning, client access to nutritionists, child and family support workers, etc.) □ Yes: we engage and strengthen clients' families and support systems through social and emotional supports (e.g., family counselling, support groups, etc.) □ Yes: we support clients in finding, developing, or nurturing their own support systems (e.g., mentorship programs,
community-organizing work, etc.) □ Other, please specify
[Q9b]If you checked any of the 'Yes' boxes associated with the question above, please provide a brief description below:
Offering Non-Food Wraparound Supports
[Q11a]Which, if any, of the following wraparound supports and interventions does your organization provide? Specifically, we are asking about interventions that are a part of your clients' lives multiple times per year, or make an otherwise profound and lasting impact. Please select all that apply.
Our organization does not provide wraparound supports or interventions □ Educational programming □ Weekly (or more) drop-in space □ Mental health services □ Family or child counselling services □ Homework help □ Career and life planning □ Social/life skills supports □ Early childhood education (ECE) □ Employment assistance for older youth or adults □ Menu planning supports □ Nutritional education workshops □ Housing-related supports □ Literacy programs □ Addiction services □ Provision of clothing or other non-food resources □ Other, please specify

Coordinating Efforts

[Q12a]Does your organization refer clients to specialized service providers, or collaborate closely with local institutions to run programming with, or deliver services (e.g., delivery, distribution, storage, etc.)? Select any of the below "institution types" that you work with in these capacities:

- $\hfill \square$ Our organization does not interact with other institutions
- $\hfill\Box$ Schools or school boards

 Municipal governments Band councils Libraries Civic or community organizations Community centres Religious communities and institutions Social service agencies Food pantries Farms Restaurants Food distributors Other, please specify 	
[Q12b]If you checked any of the boxes in the question above, please de institutions look like. In what ways do you coordinate your efforts to fight for	
Food Quality	
[Q13]Does your organization have any practices, structures, and/or stand program? (e.g., minimum nutritional standards, nutrition educators, etc.)If yes practices and/or standards below.	
Food Sourcing	
[Q14] Each calendar year, how much do you spend on purchasing food	for this program?
[Q15a]What percentage of food served through your program (either dol You can estimate. If no food was rescued, please write "0". For reference: for sourcing soon-to-expire or surplus food (that would otherwise go to waste) for markets. Rescued food can be donated, or purchased at a discount.	od rescue, also called food recovery, is the practice of
[Q15b]If more than 10% of your program's food is sourced through food strategy below. If relevant, describe the type of organizations/businesses/far	

 Efficiency	and	Impact
Linololloy	ana	mpaoi

[Q16]How many meals does your organization serve in an average month? Please estimate if exact numbers are unknown. For example, if your organization delivers hampers, please estimate the number of meals contained within each hamper and multiply that by the number of hampers delivered per month.

[Q17]On a monthly basis, how many people directly benefit from your people doubled only once.Please estimate if data is not available - for examinating the people directly benefit from your people directly bene	
Please explain or provide context for the above questions if necessary.	
Documents and Finances	
[Q18b]Are there any significant excesses or reserves in your financial statement of the context here.	atements that you'd like to explain? If so, please add
[Q18b]If you uploaded your program budgets, are there any items in the financial statements, are there any significant excesses or reserves that you	
[Q19]Optional: is your organization facing an imminent funding shortfall programming described in the application? If so, please provide details belocurrent revenues, detail the expected hole in your budget created by the care	w.(e.g., describe the gap between anticipated costs and
_	

Feedback

Each year, we strive to reduce and simplify our granting process, while providing applicants with numerous opportunities to faithfully represent the value of their programming and its importance to the communities they serve. We are grateful for any feedback on your experience with Mazon's Grocery Grant application.

How long did it take you to complete this application? (in hours)
If it took you longer than one hour, what parts of the application took you the longest?
How would you rate the clarity and accessibility of this application process?

Very clear	Pretty clear	Average	Pretty unclear	Very unclear
0	0	0	0	0
Clarity:				
If there wer		this application you	u found confusing,	please specify here and a staff member will be in touch to
				
		back you'd like to s mit anonymously, (experience with Mazon's application process, please provide it
				<u> </u>
				
finalizing your s or reviewed unt	ubmission, you ca il you're ready.If yo	in leave this field b	lank and return to your responses a	k you for applying. If you want to revisit your answers before the application later. Your application will not be processed nd you're ready for us to review them, please type your