

UMass Food as Medicine Initiative Mini-Grant Cover Page and Budget Justification for Community Partners

Project Lead	First Name				Last Name		
	Email				Phone		
	Role in Organization				Date		
	Organization Name and Administrative Contact						
	Organization's Physical Address and website						
Project Title							
County (Berkshire, Franklin, Hampden & Hampshire)							
Total Budget Request							
Provide Budget Details							
Other Community Partners / Organization	Role on Project	<input type="checkbox"/> Co-Lead	<input type="checkbox"/> Collaborator				
	Name						
	Position						
	Email				Phone		
	Organization						
	Full Address						
	Name of Organizational Administrative Contact						
	Contact's Email				Contact's Phone		
Objective (see call for mini grants)	<input type="checkbox"/> Increase Access to Nutritious Food	<input type="checkbox"/> Enhance Local Food Systems	<input type="checkbox"/> Raise Awareness				
Signatures	Signature: Project Lead					Date	
	Signature: Administrator					Date	

Description of Project: 500 -750 Words
Outcomes Expected:
Timeline for project, start to finish: Maximum timeline is 1 year
Assistance requested to facilitate project if needed by UMass faculty, students or dining staff. (e.g. supply a cooking demonstration chef, student help to implement a project, conduct literature review or data analysis, consultation with a faculty member for a pilot project, etc.) <u>Describe what assistance you think you'd need, and we will get back to you to finalize.</u>