



## Nourishing Change Recipient Application

### Our Goal

Three Rivers Market is committed to creating and nourishing a healthier environment, healthier people, and a healthier community.

To us, this means:

- Our local and cooperative economy is ethical, sustainable, and strong.
- Our community has access to healthy food.
- Our natural world is respected, protected, and restored.
- Our people are happy.

### The Nourishing Change Program

One of the ways we realize our goal is by creating opportunities for our customers to contribute to their community in positive ways. The Nourishing Change Program does this by facilitating donations at the register to organizations that are also committed to creating and nourishing a healthier environment, healthier people, and a healthier community.

We will conduct fundraisers for organizations that:

- Are registered 501(c)(3) organizations.
- Are nonpartisan and do not advocate a particular religious belief.

Additionally, our preferences are for organizations that:

- Are located in the communities served by Three Rivers Market in Knox, Blount, Anderson, and Sevier counties.
- Operate with an annual budget under \$1,000,000 and will be significantly impacted by the donation amount collected.

A calendar of rotating monthly recipients is established biannually, and all donations made during the month will go to the designated recipient. The recipient organization will be a food pantry four months each year. At Three Rivers Market's discretion, the recipient calendar may be preempted to raise emergency or disaster relief funds.

### How to Apply

Please complete the recipient application and return it to our Customer Service Desk. We review applications in June and December.

### Deadlines

- Applications submitted between January 1<sup>st</sup> and May 31<sup>st</sup> will be reviewed in June for July – December recipients the same year.
- Applications submitted between July 1<sup>st</sup> and November 30<sup>th</sup> will be reviewed in December for January – June recipients the following year.

# Nourishing Change Recipient Application

Today's Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

*We prefer an employee of the organization, if possible.*

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Is your organization a 501(c)(3) nonprofit? Please include documentation. \_\_\_\_\_

What is your organization's annual budget? \_\_\_\_\_

Our cashiers usually have about 10 seconds to describe our monthly Nourishing Change recipient to a customer. How would you briefly introduce your organization and how the funds will be used?

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Is the work for which you are seeking funding time sensitive? Are you requesting selection during a specific month? Please describe:

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We have found that the following things can help an organization have a successful fundraising month. Check the boxes next to the items you would be able to provide, if your organization is selected:

- Brochures or flyers about your organization
- 2-4 good photos representing your work
- A 15-minute info session with our Member & Customer Service staff the week prior to your Nourishing Change month
- Promotion of the fundraiser through social media

On a separate page, please answer the following questions:

1. What is your organization's mission?
2. How will the Nourishing Change funds be used?
3. How does your work align with our goal of a healthier environment, healthier people, and healthier community?

*Thank you for your interest in partnering with the co-op!*