**Organization Name:**

**Application Number:**

If a question below does not apply to your proposal, please indicate that it is not applicable.

1. **Outline the purpose of the expenditures and an explanation of how costs were calculated.**
2. **Specify how your project would be affected if total funding awarded were less than the amount requested. State whether your project could be completed with a smaller amount and how your projected outcomes would be affected by any funding reduction.**
3. **Describe how the proposed program will align with your current programs. How will this create new and/or expanded services for your clients?**
4. **If your organization provides services outside of Montgomery County, please describe in detail how your organization will ensure that funding provided through the School-Based Food Assistance grant will exclusively benefit Montgomery County residents.**