**Golden LEAF Foundation Food Distribution Assistance Program**

*Separate Project Proposal Form*

| **Project** | **Mobile or Pick Up Distribution** | **Proposed Project Location\***  Street Address | **Proposed Use of Funds** | **Anticipated Outcomes\*\*** |
| --- | --- | --- | --- | --- |
| #1 |  |  |  |  |
| #2 |  |  |  |  |
| #3 |  |  |  |  |
| #4 |  |  |  |  |

\*Point of origin for mobile distribution

\*\*Describe the key outcome for this project, new households reached (expansion), additional pounds of food distributed (enhancement). Include detail to indicate how this outcome group is separate and distinct from the additional project(s).

**Additional Details**

*Provide any additional information to confirm the multiple projects listed above comply with the outlined criteria.*