
today's date _____

NAME OF AGENCY _____

AGENCY ADDRESS _____

Address, City, State, Zip _____

Agency Phone / FAX _____ / _____

Web Site Address _____

PRIMARY CONTACT PERSON _____

Contact Person's title _____

Contact Person's Phone _____

Contact Person's Email _____

ORGANIZATIONAL MISSION: _____

NUMBER SERVED annually _____

Grant AMOUNT Requested _____

REASON FOR GRANT REQUEST _____

- PLEASE COMPLETE PAGE 2 -



Agency Financial Report Completed Fiscal Year

REVENUE

GRANT SUPPORT	\$
FUND RAISING	\$
GOVERNMENT SUPPORT	\$
IN-KIND SUPPORT	\$
AGENCY SERVICE FEES	\$
OTHER	\$

TOTAL AGENCY REVENUE \$

EXPENSES

SALARIES & BENEFITS	\$
OFFICE EXPENSES	\$
OCCUPANCY	\$
MAJOR PROPERTY & EQUIPMENT ACQUISITION	\$
OTHER	\$

TOTAL AGENCY EXPENSES \$

Please also include a listing of your Board of Directors with this request.

Office Area Only

date received, initialed	
date reviewed, initialed	
notes:	