

## **Partner Agency Grant Request Form**

### **Agency Information**

- **Agency Name:** \_\_\_\_\_
- **Agency Reference Number:** \_\_\_\_\_
- **Agency Address:** \_\_\_\_\_
- **City, State, ZIP Code:** \_\_\_\_\_
- **Contact Person:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_
- **Agency EIN (if applicable):** \_\_\_\_\_
- **Agency Type:** ( ) Nonprofit ( ) Faith-Based ( ) Community Organization ( ) Other:

### **Grant Request Details**

- **Grant Amount Requested:** \$ \_\_\_\_\_
- **Purpose of Grant:** (Check all that apply)
  - ( ) Food Purchase
  - ( ) Equipment
  - ( ) Transportation
  - ( ) Infrastructure Improvement
  - ( ) Capacity Building
  - ( ) Other: \_\_\_\_\_
- **Describe in at least 3 sentences how the funds will be used:**

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- **How will this grant benefit the community you serve?**

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- **Estimated number of individuals impacted:** \_\_\_\_\_

### **Supporting Documentation**

Please attach the following documents:

- ( ) Budget breakdown for requested funds
- ( ) Recent financial statements or tax exemption letter
- ( ) Letter of support from agency leadership
- ( ) Any additional supporting materials

### **Agreement & Signature**

By signing below, I certify that the information provided is accurate and that the grant funds will be used solely for the purposes outlined in this request. I also agree to provide follow-up documentation on fund usage if required.

**Authorized Representative Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **For Office Use Only**

- **Date Received:** \_\_\_\_\_
- **Reviewed By:** \_\_\_\_\_
- **Approval Status:** ( ) Approved ( ) Denied ( ) Pending Further Review
- **Comments:**  
\_\_\_\_\_