



Works of Mercy Small Grant Request Form

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

ORGANIZATIONAL MISSION:

NUMBER SERVED annually

Grant AMOUNT Requested

REASON FOR GRANT REQUEST

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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	\$

The following materials are also required:

1. a listing of your Board of Directors
2. the organization's balance sheet, including all assets and liabilities
3. annual report, if applicable
4. an income statement
5. more detailed description/business plan regarding the use of potential funds
6. submit a mid-year report asking how the funds are being used; what stumbling blocks you may have encountered, etc.

Any request over \$5,000.00 would require an in-person interview prior to fund distribution.

Office Area Only

date received, initialed	
date reviewed, initialed	
notes:	