



## Works of Mercy Small Grant Request Form

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today's date

**NAME OF AGENCY**

**AGENCY ADDRESS**

Address, City, State, Zip

Agency Phone / FAX

Web Site Address

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**PRIMARY CONTACT PERSON**

Contact Person's title

Contact Person's Phone

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**ORGANIZATIONAL MISSION:**

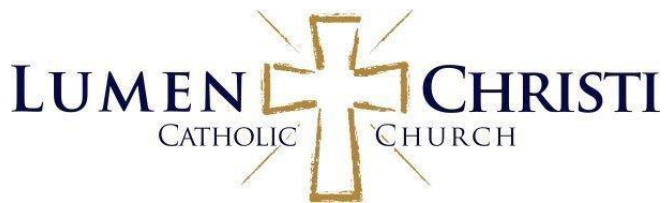
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**NUMBER SERVED annually**

**Grant AMOUNT Requested**

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**REASON FOR GRANT REQUEST**



## Agency Financial Report Completed Fiscal Year

### REVENUE

GRANT SUPPORT	\$
FUND RAISING	\$
GOVERNMENT SUPPORT	\$
IN-KIND SUPPORT	\$
AGENCY SERVICE FEES	\$
OTHER	\$
<b>TOTAL AGENCY REVENUE</b>	<b>\$</b>

### EXPENSES

SALARIES & BENEFITS	\$
OFFICE EXPENSES	\$
OCCUPANCY	\$
MAJOR PROPERTY & EQUIPMENT ACQUISITION	\$
OTHER	\$
<b>TOTAL AGENCY EXPENSES</b>	<b>\$</b>

### 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:	