



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



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.

Grants will be awarded up to \$5,000.00.

Office Area Only

date received, initialed	
date reviewed, initialed	
notes:	