

**PRIEST LAKE PEOPLE HELPING PEOPLE, INC
PROGRAM FUNDING REQUEST FORM**

DATE _____

1. PROPOSED BY:

ADDRESS:

CONTACT PERSON:

**GRANT REQUEST BY UNANIMOUS DECISION OF
ORGANIZATION** _____ **YES**

IF NOT PLEASE DESIGNATE NUMBER _____ **IN
FAVOR** _____ **OPPOSED**

2. DESCRIPTION OF PROGRAM:

3. OBJECTIVES:

4. PROJECT TERM (BEGINNING & COMPLETION DATE)

5. AREA OR LOCATION FOR PROGRAM/TARGET GROUP:

6. EXPECTED BENEFIT OF PROGRAM:

7. TOTAL COST OF THE PROJECT (ATTACH FINANCIAL BUDGET)

8. FUNDING REQUESTED FROM THE GRANT

FUND: _____

9. OTHER CONTRIBUTORS (FINANCIAL AND IN KIND):

THE PLPHP BOARD OF DIRECTORS WILL REVIEW THE REQUESTS FOR GRANTS ON A QUARTERLY BASIS.

THIS FORM MUST BE FILLED OUT ALONG WITH THE SIGNED INFORMATIONAL LETTER AND RETURNED TO THE PLPHP OFFICE WITH ALL ADDITIONAL PAPERS/EXPLANATIONS ATTACHED TO THE REQUEST:

**PRIEST LAKE PEOPLE HELPING PEOPLE, Inc
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208-448-1256
www.priestlakephp.org**