





**PART 2 – GRANT INFORMATION**

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Name of Grant: \_\_\_\_\_

Amount of Funding Requested: \_\_\_\_\_

Grant Due Date: \_\_\_\_\_

Grant Organization: \_\_\_\_\_

Does Funding Application require Local Government support: Y or N

If yes, please explain:

**Please attached draft wording for Letter of Support. Allow 7 to 14 days for this request to be completed.**

**PART 3 – APPROVAL**

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The applicant has complied with the Letters of Support for Funding Applications Policy.

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

**Name of authorizing officer:** \_\_\_\_\_

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

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

**Additional instructions:** \_\_\_\_\_