



Priest Lake People Helping People, Inc. Grant Fund Request Form

Date: _____

Organization requesting Grant: _____

Organization mission statement or purpose: _____

Address: _____

Email: _____

Contact person: _____

Contact phone number: _____

Total cost of the project (attach financial budget): _____

Funding amount requested from the Grant Fund: _____

Description of program: _____

Attach extra page if needed.

Objectives/need: _____

Attach extra page if needed.



Project term (beginning and completion date): _____

Area or location for program/target group: _____

Expected benefit of program: _____

Attach extra page if needed.

Other contributors (financial and in-kind): _____

Please attach income and expense statement.

Completed Grant Fund requests are reviewed by the PLPHP Grant Fund Board of Directors quarterly.

This form must be completed along with the signed Grant Fund Request Guidelines and any additional required information and submitted to the PLPHP Grant Fund office.

Please mail to:
Priest Lake People Helping People, Inc
Grant Fund
PO Box 174
Coolin, ID 83821
(208) 448-1256

Grant request by unanimous decision of organization _____ Yes _____ No

If not, please designate number _____ in favor _____ opposed

Date: _____

Comments: _____
