



# GRANT REQUEST FORM

## (CDBG FOOD SECURITY FUND (CDBG00))

Organization Name

Date

Organization Address

Amount of Grant

\$

City

State

Zip Code

Organization Phone

### Detailed breakout of Grant

Item Category	Description	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total		\$

\*Categories include: Goods, services, Payroll, Rent, Other operating expense, Capital Expense (i.e. truck, refrigerator)

Budget Narrative (Description of use of funds as related to budget, to be used for State/Federal Reporting updates)

**I hereby certify that the organization above will maintain all receipts and backup documentation that corroborate the above indicated expenses on hand for a period of seven years and will make this documentation available to Essex County Community Foundation upon request.**

Name/Title (please print)

Email address

Phone Number

Signature

Date

Return this form to:

[c.lavoieschuster@eccf.org](mailto:c.lavoieschuster@eccf.org) and [p.mccullough@eccf.org](mailto:p.mccullough@eccf.org)