

GRANT REQUEST FORM

The Mission of the Suffolk Redevelopment and Housing Authority is to develop and operate affordable housing that will provide a safe, decent and sanitary home and a suitable living environment to low and moderate income families of the City of Suffolk.

BACKGROUND INFORMATION

Request date: _____ Federal I.D. No.: _____

Fed. Tax Exemption Classification: _____

Name of Organization: _____

Telephone No.: (____) _____

Fax No.: (____) _____

Contact Person: _____

Title: _____

Email Address: _____

Web Address: _____

Mission of the Organization:

Location in which activities are to be conducted:

Proposed use of grant funds:

How will awarding the Grant to your organization benefit the SRHA mission?

Amount Requested: \$ _____

Your Annual Budget: \$ _____

List other funding sources:

Your organization agrees to provide feedback to the SRHA about what you accomplished with this Grant.

Signature: _____ **Date:** _____

Patricia Tyus, Executive Director/CEO

Signature: _____ **Date:** _____

Request Approved ☐

Request Denied ☐