

**Livingston County  
Human Services Collaborative Body**

**Grant Support Request**

For HSCB use only : Date Received
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1. **Name of Agency/Group:**
2. **Address:** \_\_\_\_\_  
\_\_\_\_\_
3. **Contact Person:**
4. **Phone Number:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_
5. **Please select one:**  
 **Request for letter of review** \_\_\_\_\_  
 **Request for letter of support/recommendation** \_\_\_\_\_  
 **Request for letter of endorsement** \_\_\_\_\_
6. **Date letter requested by :**
7. **Identify and briefly describe the project(s) or service(s) that will be provided. Include information that demonstrates why this is a need.**
8. **Who is the target population?**
9. **Where will the service be located/housed?**
10. **What are the time lines for the project - when will it begin, how long will funding last?**
11. **What is the amount of funding being applied for? Briefly describe what the funding supports.**

- 12. Please describe how the proposed project relates to HSCB efforts (if applicable):**
  
- 13. Identify any future HSCB involvement that may be required.**
  
- 14. Who should the required letter be addressed and directed to?**
  
- 15. Please list any specifics, i.e. areas/issues of emphasis, to be included in the letter if applicable.**