



Second Harvest Foodbank/DATCP Equipment Grant : APPLICATION COVER PAGE

Organization/Group Name: _____

Federal Tax Identification Number: _____

Organization/Group Mailing Address: _____

Organization/Group Phone Number: _____

--If using a parent's fiscal agency info--

Fiscal Agent Name/Organization: _____

Federal Tax Identification Number of fiscal agent: _____

Organization/Group Mailing Address: _____

Organization/Group Phone Number: _____

Head of Organization/Group – Contact Information

Name: _____

Title/Role: _____

Email: _____

Phone Number: _____

Grant Project Lead – Contact Information (if different from those listed above)

Name: _____

Title/Role: _____

Email: _____

Phone Number: _____

Project Name: _____

Amount Requested (Min: \$2,500 - Max: \$15,000) _____

Name of person completing this form: _____

email: _____

Phone: _____