

**Section A - Requesting Organization**

Organization:\*

Street Address:

City:

State:

Zip Code:

**Section B - Point of Contact**

First name:\*

Last name:\*

Phone:\*

Email:\*

Position:\*

**Section C - Grant Activity Request Information**

Grant Program: \*  HMEP  HMIT  SPSTG

Grant Number:\*  (example: HM-ABC-1234-56-78-90)

DUNS Number:\*

Amount:\*

Activity to Fund:\*

Account Type to Fund:\*  Planning  Training

Activity to Offset:  
(if applicable)

Account Type To Offset:  
(if applicable)  Planning  Training

**Section D - Activity Description-Include attachments if additional space is required.**

Number of Participants:\*

Activity Description:\*

How does this further your organization's program mission? \*

Does this activity replace an item included in the approved application? \*  Yes  No

If yes, what activity is being replaced and why?