



# Grant Support Letter Request Form

## U. S. Congressman Dan Benishek M.D.

### INSTRUCTIONS:

- Please fill out as completely as possible.
- When the letter is written, it will be sent directly to the agency with a copy to you for your records.
- Send the completed form to: Jennifer Van Deuren, 307 South Front Street, Suite 120, Marquette, Michigan 49855---Fax: 906.553.4546----email: [benishekgrants@mail.house.gov](mailto:benishekgrants@mail.house.gov)
- You may provide additional information with this form.

### YOUR CONTACT INFORMATION:

Contact Person: \_\_\_\_\_  
 Organization Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ FAX number: \_\_\_\_\_  
 Email address: \_\_\_\_\_

### GRANT INFORMATION:

Name of Grant: \_\_\_\_\_  
 Grant number: \_\_\_\_\_  
 Date of grant submission (Federal agencies will accept letters from Congressional members after the date of the grant's submission.): \_\_\_\_\_  
 Grant Recipient Name: \_\_\_\_\_  
 Granting Agency Contact person: \_\_\_\_\_  
 Granting Agency Name: \_\_\_\_\_  
 Granting Agency Address: \_\_\_\_\_  
 Granting Agency City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### GRANT DESCRIPTION:

Provide a short description (one or two paragraphs) describing what this grant will accomplish and how it will benefit our families, the community, the 1<sup>st</sup> Congressional District, or the State of Michigan.

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