



Honey Brook Community Partnership Grant Application

Name of Person Submitting Request:	
Email and Phone Number of Contact:	
Not-for-Profit Organization's Name and Address:	
Brief overview of program or service the grant will support:	
Partnership presentation date request: 2018 dates: March 13 or April 10	
Name and Title of individual who will present at the partnership meeting:	

This form should be filled out completely. Please forward to Dawn Shaffer, Secretary Honey Brook Community Partnership: dys19344@gmail.com or mail to: HBCP PO Box 344 Honey Brook, Pa 19344

<p><i>For office use:</i></p> <p>Partnership meeting presentation date confirmed: _____ Time: _____</p> <p>Name of person presenting: _____ Title: _____</p> <p>Award request approved: Yes _____ No _____ Amount _____</p>
