



# Town of Riverhead

Community Development, 4 West Second Street, Riverhead, NY 11901  
631-727-3200

## Request for Funding – Project Details

(To be completed by applicant and submitted with request for funding)

**Name of Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person and Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Please describe the services your organization provides:**

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**Is the purpose of this organization to: (check all that apply)**

Help prevent homelessness? \_\_\_\_\_ Help the homeless? \_\_\_\_\_

Help those with HIV/AIDS? \_\_\_\_\_ Primarily help persons with disabilities? \_\_\_\_\_

Other (please describe) \_\_\_\_\_

### Accomplishment/Performance Indicators:

No. Assisted

- Number of persons to be assisted that have new access to this service or benefit \_\_\_\_\_
- Number of persons to be assisted that have improved access due to expansion of this service or benefit \_\_\_\_\_

**Total:** \_\_\_\_\_

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Signature

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Date