



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:

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:

- | | <u>No. Assisted</u> |
|--|----------------------------|
| • 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: _____

Signature

Date