



**CONGRESSMAN DAN BENISHEK M.D.
- REQUEST FOR SUPPORT -**

INSTRUCTIONS:

- Please fill out as completely as possible.
- Your request will be reviewed and a determination made within 14 days.
- 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: benishekgrants@mail.house.gov or fax 989-448-8858 or mail Congressman Dan Benishek, 810 S. Otsego Ave, Suite105, Gaylord, MI 49735. Att: Grant Coordinator

YOUR CONTACT INFORMATION:

Contact Person Name & Title: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Tel: _____ Fax: _____

Email: _____

FUNDING INFORMATION:

Name of Grant or Funding Program: _____

Grant number (CFDA if applicable): _____

Date of submission (Federal agencies will accept letters from Congressional members after the date of the submission.)

Recipient Name: _____

Granting Agency Name: _____

Granting Agency Address: _____

Granting Agency City: _____ State: _____ Zip Code: _____

TITLE & DESCRIPTION:

Provide the project title and short summary (one or two paragraphs) describing what this project will accomplish and how it will benefit our families, the community or State of Michigan.
