

**VNA FOUNDATION OF LEBANON COUNTY
Agency Grant Request**

Date: _____

1. Name of agency: _____

Address: _____

Phone #: _____

E-Mail Contact: _____

2. Program/Item for which funding is requested:

3. Reason for Request: (Attach verification of need for program/item.)

4. Beneficiaries of program/item: _____

5. Funding amount requested: (Attach itemized list of cost for each program/item.)

6. Three primary agency funding sources and amounts received from each:

7. Percentage of agency's budget this request amount represents: (Attach 2 copies of your agency's most recent Financial Statement.)

Return Address:

**VNA Foundation
P.O. Box 1203
Lebanon, PA 17042-1203**

8. Date, description and amount of agency's last grant request to the VNA Foundation:

Amount received: _____

Signature: _____

Title: _____

Submit 14 copies of Request Form and attachments by March 31st to:

**VNA Foundation
P.O. Box 1203
Lebanon, PA 17042-1203**

Return Address:

**VNA Foundation
P.O. Box 1203
Lebanon, PA 17042-1203**