

State Fiscal Year (SFY) 2025
Operation Helping Hand Grant Program

Applicant Information

Official Name of Applicant Agency: _____

Type of Agency: ____ State ____ County ____ Municipality ____ Nonprofit

Address: _____

City/State: _____ Zip Code: _____ County: _____

Implementing Agency (if different than applicant) _____

Name of Project: _____

Name of Project Contact: _____

Address (if different from above): _____

Telephone Number: _____

Email Address: _____

Congressional District: _____

Proposed Project start and end dates: _____

Name of Chief Financial Officer: _____ Telephone: _____

Name/Title of Authorized Representative: _____

Signature of Authorized Representative:
