

**EAST TEXAS COUNCIL OF GOVERNMENTS
PUBLIC INFORMATION & REGIONAL SERVICES DIVISION
GRANTS AND RESEARCH**

REQUEST FOR ASSISTANCE

REQUESTOR'S ORGANIZATION/BUSINESS NAME:

CONTACT PERSON: _____ **TITLE:** _____

PHONE NUMBER: _____ **EMAIL:** _____

REQUESTED AMOUNT: MINIMUM: _____ **MAXIMUM:** _____

ANTICIPATED DATE FUNDS ARE NEEDED: _____

GENERAL PURPOSE FOR GRANT REQUEST:

PLEASE RETURN TO: Monique Jackson, Grants and Research Analyst (ETCOG)

Email: monique.jackson@etcog.org or Fax to: (903) 983-1440