

GRANT INQUIRY REQUEST

OFFICE OF U.S. SENATOR TIM SCOTT

	APPLICANT	AGENCY FUNDING GRANT
NAME		
ADDRESS		
CITY, ST, ZIP		
CONTACT		
PHONE		
EMAIL		

DESCRIBE THE GRANT YOU ARE APPLYING FOR	
GRANT NAME	
PROPOSAL NAME	
FOA#	
CFDA#	
AMOUNT REQUEST	
APPLICATION DEADLINE	
DESCRIBE THE APPLICANT	
DESCRIBE THE GOALS AND BENEFITS OF YOUR PROPOSAL	

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