



Office of U.S. Senator Pat Toomey - Letter of Support Request Form

Name of Organization _____

Address _____

City _____ State: PA Zip Code _____ County _____

Organization's Main Point of Contact _____

Phone Number _____ Email Address _____

Federal Agency Granting Funds _____

Title of Grant _____

Catalog of Federal Domestic Assistance (CFDA) Number (if applicable) _____

Funding Opportunity Number (if applicable) _____

Please complete Project Narrative and Working Budget on page two

Project Narrative (see example on page three):

Working Budget, or what you plan to do with the funds, if awarded (see example on page three):

Example Project Narrative:

Located in downtown Summersville County, Clare’s Hometown Bakery’s (CHB) cookies will draw you in with their kitchen smells that offer sweet memories of your childhood with every bite. (b) Since operations began in June 2008, CHB has added four full time employees, and plans to add two more with their expansion project. (c) CHB is looking to renovate their Kitchen to make way for future bakery expansions. (d) CHB also intends to reach out to local non-profit after school programs to help provide future generations with hands on baking activities to promote the baking profession!

Example Project Budget:

\$3,000 – 30” Freestanding Stove (used as a third operational stove, energy efficient)
\$800 – Kitchen Counter Table (doubles as to go prepping table and current baking prep)
\$400 – Small Counter Top (dual purpose for storage and future mentorship baking table)
\$5,574 – Build Out (see construction proposal breakout), etc.

\$9,774 TOTAL