



Food & Beverage Authorization Request Form

SECTION 1: APPLICANT INFORMATION		
Requesting Entity:		
Requesting Entity Point of Contact:		
Street Address:		
City, State, Zip Code:		
Telephone:	Email:	
Signature:		Date:
Requesting ECB/ESB Region:		
Regional ECB/ESB Grant Coordinator:		
Telephone:	Email:	
Signature:		Date:

SECTION 2: EVENT INFORMATION	
Event Title:	
Event Type: <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/> Planning <input type="checkbox"/> Other	
Event Host:	
Event Location:	
Event Date(s):	Event Time(s):
EVENT DESCRIPTION	
Provide a brief description of: <ul style="list-style-type: none"> • The event purpose, scope, and objectives. • Why food and/or beverages are necessary to support the flow and continuity of the event. Include copies of supporting documents (event information, meeting agenda, course syllabus, etc.) as separate attachments.	

SECTION 3: ESTIMATED FOOD AND BEVERAGE EXPENSES			
Description	Quantity	Unit Cost	Amount
Total Estimated Cost			

SECTION 4: FUNDING SOURCE	
Grant Program:	Grant Year:
Grant Number:	

SECTION 5: REQUEST REVIEW AND APPROVAL (MN DPS-ECN USE ONLY)	
<input type="checkbox"/> Request Received by MN DPS-ECN	Date:
<input type="checkbox"/> Request Reviewed by MN DPS-ECN	Date:
<input type="checkbox"/> Request APPROVED / DENIED by MN DPS-ECN (circle one)	Date:
<input type="checkbox"/> Status Update Provided to Regional Grant Coordinator/Applicant	Date:

NOTES