Barbour County Commission Grant Funding Application

Fiscal Year 2023-2024

Organizational Information

| Name of Organization Requesting Grant Funding: |
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| Organization Address: |
| Organization Phone Number: |
| Organization Email Address: |
| Organization Website: |
| CEO/President/Executive Director Name: |
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| Contact Information |
| Project Contact Person: |
| Project Contact Person Phone Number: |
| Project Contact Person Email: |
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| Organization Description |
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Project Information

| Name of Project: |
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| Project Narrative: Include a description of the project, goals and objectives, benefits to the citizens of Barbour County. |
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| Why do you feel the Barbour County Commission should consider funding this project? |
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| How many individuals are expected to benefit from your project? |
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| If other organizations are collaborating on this project, provide the name(s) of organization(s) |
| and a brief description of the collaboration. *If no Collaborations, enter "none" |
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| Do you consider this project to be a continuing, long term project with future financial needs? |
| □ Yes |
| □ No |
| If yes, what is your future funding plans? |
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| Anticipated date of project completion: |
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| What are your excepted outcomes from the project and how will they be measured? |
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| Project Budget |
| Amount of Funding requested: \$ |
| Detailed Budget of the project (be specific): |
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