

Barbour County Commission Grant Funding Application

Fiscal Year 2024-2025

Organizational Information

Name of Organization Requesting Grant Funding: _____

Organization Address: _____

Organization Phone Number: _____

Organization Email Address: _____

Organization Website: _____

CEO/President/Executive Director Name: _____

Contact Information

Project Contact Person: _____

Project Contact Person Phone Number: _____

Project Contact Person Email: _____

Organization Description

Project Information

Name of Project: _____

Project Narrative: *Include a description of the project, goals and objectives, benefits to the citizens of Barbour County.*

Why do you feel the Barbour County Commission should consider funding this project?

How many individuals are expected to benefit from your project?

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"

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?

Anticipated date of project completion:

What are your expected outcomes from the project and how will they be measured?

Project Budget

Amount of Funding requested:

Detailed Budget of the project (be specific):

Describe other funding sources (be specific):

Describe your match (this can be in-kind or monetary) *List in detail monetary matches. If your match includes in-kind, please include a letter from the individual / organization stating what will be provided and the dollar value)*

Date Application was Submitted: _____

Signature: _____

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Date / Time Received: _____ Via: _____

Approved? _____ Denied? _____ Meeting Date: _____

Funding Amount Approved: _____

Approval Letter Emailed on: _____

Reason for Denial: _____

Denial Letter Emailed: _____