Barbour County Commission Grant Funding Application

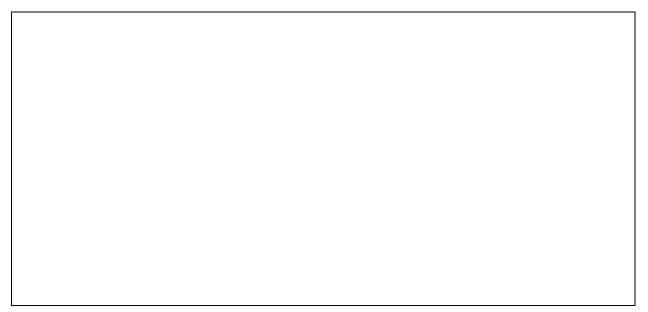
Fiscal Year 2024-2025

Organizational Information

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.*

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?

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

Project Budget

Amount of Funding requested:

Detailed Budget of the project (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: _____

INTERNAL USE ONLY		
Date / Time Received:	Via:	_
Approved?Denied?	Meeting Date:	-
Funding Amount Approved:		
Approval Letter Emailed on:		
Reason for Denial:		
Denial Letter Emailed:		-