

2021 GRANT APPLICATION



Greene County Community Fund

OFFICE USE ONLY

401 South 3rd Street, Paragould AR 72450

DATE RECEIVED:
TIME:

870-239-8435

gccfund@outlook.com

| FULL LEGAL ORGANIZATION NAME | | YEAR ESTABLISHED | 501 (c) (3) ? | | IF YES, EIN |
|-------------------------------------|-------|-------------------|--|----|-------------|
| | | | YES | NO | |
| ADDRESS | | | | | |
| | | TOTAL ORG. BUDGET | SPONSOR NAME (USE ADDITIONAL SHEET IF NEEDED) | | AMOUNT |
| WEBSITE | PHONE | | | | |
| | | | | | |
| EXECUTIVE DIRECTOR NAME | TITLE | FISCAL YEAR | | | |
| | | | | | |
| EMAIL ADDRESS | PHONE | MONTH | | | |
| | | | | | |
| ADDITIONAL POINT OF CONTACT NAME | TITLE | DAY | | | |
| | | | | | |
| EMAIL ADDRESS | PHONE | | TOTAL AMOUNT | | |
| | | | | | |
| ORGANIZATIONAL MISSION STATEMENT | | | Total # Board Members _____ Total # Full Time Staff _____ Total # Part Time Staff _____ Total # Volunteers _____ Total # People Served In Greene County _____ Total # Unduplicated People served in Greene County _____ | | |
| BRIEF ORGANIZATION DESCRIPTION | | | | | |
| BRIEF OVERVIEW OF POPULATION SERVED | | | | | |
| | | | | | |
| | | | 2021 REQUESTED AMOUNT | | |
| | | | | | \$ |

PRINTED NAME OF AUTHORIZING PARTY

AUTHORIZING SIGNATURE

DATE

| | | | | | |
|--|--|--|--|--|--|
| Describe proposal. List in detail the direct service you are proposing to provide. | | | | | |
| | | | | | |
| Statement of Need! Why IS this service needed in our community; include data with supporting documentation demonstrating the need for this service. | | | | | |
| | | | | | |
| Note if this service is provided by another organization or agency in our community; if yes, why is your project/service more effect in having a direct impact on our community. | | | | | |
| | | | | | |
| Impact; What impact does this service have in our community and without it what would be the result? Would services continue to be fulfilled? | | | | | |
| | | | | | |
| GOALS & OBJECTIVES; what is the goal and objectives of this service. | | | | | |
| | | | | | |
| Capacity at which results will be achieved. Describe activties that help with fullfilling your proposal. | | | | | |
| | | | | | |

