



# 2022 GRANT APPLICATION

## Greene County Community Fund

OFFICE USE ONLY

401 South 3rd Street, Paragould AR 72450

870-239-8435

gccfund@outlook.com

**G P M C**

DATE RECEIVED:

TIME:

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		<b>TOTAL AMOUNT</b>		
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 activities that help with fulfilling your proposal.					

