

# 2023 GRANT APPLICATION

## Greene County Community Fund

870-239-8435

401 South 3rd Street, Paragould AR 72450

[WWW.GCCFUND.ORG](http://WWW.GCCFUND.ORG)

Email: [give@gccfund.org](mailto:give@gccfund.org)

**OFFICE USE ONLY**

DATE RECEIVED:

TIME:

FULL LEGAL ORGANIZATION NAME		YEAR ESTABLISHED	501 (c) (3) ?		IF YES, EIN
			YES	NO	
ADDRESS					
WEBSITE		PHONE		TOTAL ORG. BUDGET 2023	
				\$ -	
EXECUTIVE DIRECTOR NAME		TITLE		TOTAL INCOME FOR 2021:	
				\$ -	
EMAIL ADDRESS		PHONE		TOTAL EXPENSES FOR 2021:	
				\$ -	
ADDITIONAL POINT OF CONTACT NAME		TITLE		PROJECTED INCOME 2022:	
				\$ -	
EMAIL ADDRESS		PHONE		PROJECTED EXPENSES 2022:	
				\$ -	
ORGANIZATIONAL MISSION STATEMENT		<b>WHO ARE YOUR SPONSORS?</b>			
BRIEF ORGANIZATION DESCRIPTION		SPONSOR(S) NAME			AMOUNT
		1.			
		2.			
		3.			
		4.			
		5.			
		6.			
BRIEF OVERVIEW OF POPULATION SERVED		<b>TELL US ABOUT YOUR ORGANIZATION:</b>			
		Total # Board Members			
		Total # Full Time Staff			
		Total # Part Time Staff			
		Total # volunteers			
		Total # People served by Org.			
		Total # unduplicated People served			
		Total # People served from Greene County			
BRIEF OVERVIEW OF POPULATION SERVED		<b>2023 Funding Requested Amount</b>			
		\$			
PRINTED NAME OF AUTHORIZING PARTY		AUTHORIZING SIGNATURE		DATE	

List in detail the direct service your agency is proposing to provide.

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**STATEMENT OF NEED! Why IS this service needed in our community; include data with supporting documentation demonstrating the need for this service**

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**Note if this service is provided by another organization or agency in our community. If yes, 'Why is your project/service more effective in having a direct impact on our community?'**

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**IMPACT; What impact does this service have in our community and without it what would be the result? Would services continue to be fulfilled?**

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**GOALS & OBJECTIVES; what is the goal and objectives of this service.**

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**Capacity at which results will be achieved. Describe activities that help with fulfilling your proposal**

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**BUDGET & JUSTIFICATION**

**BUDGET OVERVIEW**  
**Describe the proposal use of the requested amount.** – only items listed below will be considered for your awarded funding. So PLEASE BE VERY SPECIFIC IN HOW YOUR ORGANIZATION PLANS TO USE THE MONIES REQUESTED!!!!!!

ITEM DESCRIPTION	JUSTIFICATION	COST	QUANTITY	TOTAL
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			TOTAL	\$ -

**JUSTIFICATION- WHY SHOULD YOU BE AWARDED THE AMOUNT YOU ARE REQUESTING?**

**APPENDIX – ATTACHMENTS NEED TO BE IDENTIFIED AND NUMBERED FOR EASIER PROCESS...**

Additional information attached	DESCRIPTION	LOCATION ATTACHMENT ITEM NUMBER