

2025 GRANT APPLICATION

Greene County Community Fund

401 South 3rd Street, Paragould AR 72450

870-239-8435

WWW.GCCFUND.ORG

Email: 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 2024				\$ -
				TOTAL INCOME FOR 2023:				\$ -
EXECUTIVE DIRECTOR NAME		TITLE		TOTAL EXPENSES FOR 2023:				\$ -
				WHO ARE YOUR SPONSORS?				
EMAIL ADDRESS		PHONE		SPONSOR(S) NAME			AMOUNT	
				1.				
ADDITIONAL POINT OF CONTACT NAME		TITLE		2.				
				3.				
EMAIL ADDRESS		PHONE		4.				
				5.				
ORGANIZATIONAL MISSION STATEMENT				6.				
				7.				
BRIEF ORGANIZATION DESCRIPTION				8.				
				TELL US ABOUT YOUR ORGANIZATION:				
BRIEF OVERVIEW OF POPULATION SERVED				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				
				2025 Funding Requested Amount				
				\$				
PRINTED NAME OF AUTHORIZING PARTY		AUTHORIZING SIGNATURE		DATE				

List in detail the direct service your agency is 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 effective 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

--

