

APPLICATION FOR ASSISTANCE- ORGANIZATIONS AND PROJECTS

DATE OF APPLICATION _____

ORGANIZATION INFORMATION

Name: _____

Address: _____

City _____ State _____ Postal Code _____

Contact Person _____ Title _____

Email Address: _____

Telephone: Office _____ Cellular _____

Website _____

Organization Mission _____

Project Manager _____ Phone _____

Email _____

Project Name _____

Project Description and Purpose _____

Project Start Date _____ End Date _____

Is the request for partial or total funding? _____

If partial funding, who else will support the project? _____

Amount Requested _____ Over What Time Period? _____

PROJECT DETAILS

Problem to be solved/need being addressed _____

Please define and detail the following on a separate sheet:

- * Plan of Action – How are you going to address the issue?
- * Action Timeline
- * Projected Project Budget
- * Breakdown of the costs of the work to be done including bids from vendors (if applicable)
- * Any other funding you have received, including any In Kind support. Please provide support details and estimated value

MONITORING AND EVALUATION

How will the project be monitored and evaluated? _____

What would define this project as successful? _____

CONTACT INFORMATION

Main contact person for the project:

Name _____ Phone _____

Email _____

Who is responsible for the day to day activities of the project:

Name _____ Phone _____

Email _____

Any Other agencies or persons involved with the project:

Agency/Person Name _____

Phone _____ Email _____

ADDITIONAL INFORMATION:

What other organizations or entities will be involved in this project? Please provide details.

What inspired you or your organization to pursue this project?. Attach a separate sheet if needed.

I, as a representative of the applying organization, understand I may be interviewed by telephone, or in person, if additional information or clarification of this application is needed. I have answered all questions to the best of my ability.

Signature of person submitting application

Printed Name

Date _____

FOR INTERNAL USE ONLY- PLEASE DO NOT WRITE BELOW THIS LINE

Date Application Received _____ Date of Review _____ Member _____

Disapproved ___ Approved ___ Date _____ Approved Amount _____

Reason if disapproved _____

Service approved _____

Date letter of approval or disapproval sent to applicant _____

Referred to _____ Date Provider notified _____

Date of service _____ Date invoice paid _____

Notes: _____