



**MONONGALIA COUNTY COMMISSION
GRANT FUNDING APPLICATION
Fiscal Year 2019-2020**



Name of organization requesting grant funding:

Address:

Phone:

Email address:

Name of CEO/President/Executive Director:

Financial Contact Name:

Phone:

Email:

Name, address, phone number and email of person completing this application:

Amount of grant funding requested:

Provide a brief profile of the organization requesting grant funding:

Name of project:

State the reason for the request highlighting the project and the benefit to the citizens of Monongalia County:

How many individuals are expected to benefit from the project?

If other organizations are collaborating on the project, provide the name(s) of organization(s) and a brief description of the collaboration. * If no collaboration, please type "none"

Do you envision this project as a continuing, long-term project with future financial needs? Yes No
If yes, how do you plan to fund in the future?

How many volunteers will contribute time to the project?

Anticipated date of project completion:

Anticipated budget for the project (include funds received or requested from other sources):

Construction

Materials/Supplies

Other: _____

Total Cost of Project:

Have you requested and/or received funding from another organization or foundation for the project? Yes No

If yes, please list:

Does your organization have an annual audit? Yes No

Is your organization designated by the IRS as a NON-PROFIT? Yes No

If yes, what date did you receive IRS approval?

What are the expected outcomes from the project and how will they be measured?

What is the target population for the project?

What geographic area will this project serve?

Additional comments: