2024 County Funds Application

Contact Person:

Name:

Title:

Phone:

Email:

This Agency is: ☐Private, Not for Profit ☐School

☐Public ☐Religious Corporations

Name of Agency Representing:

Period of Actual Program Operation: From to

Total Program Amount:

Funds Requested:

This Program is: ☐New ☐Existing

Do you receive other funds to support the program? ☐Yes ☐No

If yes, what funds:

Program Summary:

Please describe program:

What are the goals of the program?

What are the expected outcomes of the program?

How will you measure outcomes?

Describe the activities to be funded:

What is the expected number of youth to be served?

Budget: Please provide an itemized list of what funds will be used for. <u>Funds cannot be used for salary.</u>