

## 2025 County Funds Application

### Contact Person

Name:

Title:

Phone:

Email:

### **Name of Agency Representing:**

This Agency is:      Private, Not for Profit                      School  
                                 Public                                      Religious Corporations

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 the 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 the funds will be used for with cost of items.**

**\*Funds cannot be used for salaries or solely for food purchases**