

# 2027 GRANT APPLICATION

## Greene County Community Fund

401 South 3rd Street, Paragould AR 72450

870-239-8435

[WWW.GCCFUND.ORG](http://WWW.GCCFUND.ORG)

Email: [give@gccfund.org](mailto:give@gccfund.org)

OFFICE USE ONLY

DATE RECEIVED:

TIME:

FULL LEGAL ORGANIZATION NAME		YEAR ESTABLISHED	501 ( c ) ( 3 ) ?		IF YES, EIN
			YES	NO	
ADDRESS					
		TOTAL ORG. BUDGET 2026		\$	-
WEBSITE	PHONE	TOTAL INCOME FOR 2025:		\$	-
		TOTAL EXPENSES FOR 2025		\$	-
EXECUTIVE DIRECTOR NAME	TITLE	<b>WHO ARE YOUR SPONSORS?</b>			
		SPONSOR(S) NAME		AMOUNT	
EMAIL ADDRESS		PHONE		1.	
				2.	
ADDITIONAL POINT OF CONTACT NAME		TITLE		3.	
				4.	
EMAIL ADDRESS		PHONE		5.	
				6.	
ORGANIZATIONAL MISSION STATEMENT				7.	
				8.	
BRIEF ORGANIZATION DESCRIPTION		<b>TELL US ABOUT YOUR ORGANIZATION:</b>			
		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			
BRIEF OVERVIEW OF POPULATION SERVED					
		<b>2027 Funding Requested Amount:</b>			
		\$			
PRINTED NAME OF AUTHORIZING PARTY		AUTHORIZING SIGNATURE		DATE	

List in detail the direct service your agency is proposing to provide.

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**STATEMENT OF NEED! Why IS this service needed in our community; include data with supporting documentation demonstrating the need for this service**

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**Note if this service is provided by another organization or agency in our community. If yes, 'Why is your project/service more effect in having a direct impact on our community?'**

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**IMPACT; What impact does this service have in our community and without it what would be the result? Would services continue to be fulfilled?**

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**GOALS & OBJECTIVES: what is the goal and objectives of this service.**

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**Capacity at which results will be achieved. Describe activities that help with fulfilling your proposal**

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