

GREENE COUNTY SENIOR CITIZENS' SERVICES FUND (**GCSCSF**)  
APPLICATION FOR FUNDING

1. DATE SUBMITTED
2. FULL NAME OF **NOT-FOR-PROFIT** ORGANIZATION (attach copy of corporate charter), OR **GOVERNMENTAL ENTITY**.
3. BRIEF DESCRIPTION OF THE ORGANIZATION'S PURPOSE, GOALS AND OBJECTIVES
4. CHAPTER OF IRS CODE UNDER WHICH ORGANIZATION IS OPERATING (attach copy of IRS letter of authorization)
5. PROVIDE COPIES OF OPERATING STATEMENTS FOR THE LAST TWO FISCAL YEARS AND THE CURRENT BUDGET AND PROPOSED BUDGET FOR THE NEXT FISCAL YEAR
6. PROVIDE NAMES OF THE CORPORATE BOARD AND THE CONTACT PERSON DESIGNATED TO PROVIDE INFORMATION:  
Board members:  
Contact person:  
Name and Title:  
Mailing address:  
E-mail address:  
Telephone number(s):
7. STAFFING (list the position titles of key personnel)
8. BRIEF DESCRIPTION FOR USE OF FUNDS BEING REQUESTED
9. TOTAL AMOUNT NEEDED FOR THIS PROJECT
10. CURRENT FUNDS AVAILABLE FOR THIS PROJECT (budgeted amount, savings/investment accounts, etc.)
11. FUNDS ANTICIPATED FROM OTHER SOURCES FOR THIS PROJECT (grants, organizations, private donations, etc.) (List sources)
12. AMOUNT NEEDED FROM **GCSCSF** FOR THIS PROJECT  
**ANY EQUIPMENT PURCHASED THROUGH THIS PROJECT AS DEFINED IN THE APPROVED BUDGET FORM OR IN EXHIBIT A MUST BE ACQUIRED IN ACCORDANCE WITH PROCEDURES ESTABLISHED IN RSMO CHAPTER 34 AND BY GREENE COUNTY PURCHASING REGULATIONS.**
13. WHAT IS YOUR CONTINGENCY PLAN IF **GCSCSF** FUNDING IS NOT PROVIDED
14. WHAT OTHER SERVICES DOES YOUR ORGANIZATION PROVIDE FOR SENIOR CITIZENS
15. ARE SIMILAR SERVICES TO SENIOR CITIZENS BEING PROVIDED BY OTHER AGENCIES IN YOUR AREA OF OPERATIONS (list agencies)
16. LIST ANY OTHER INFORMATION WHICH WOULD ASSIST THE **GCSCSF** BOARD IN UNDERSTANDING THE NEED FOR FUNDING

**APPLICATION FOR FUNDING**

**PAGE 2**

17. WHAT ARE THE SPECIFIC COMMUNITY NEEDS OR PROBLEMS THAT YOU ARE TRYING TO SOLVE THROUGH THE PROPOSED PROJECT?
18. PROJECT'S PRIMARY GOAL AND THE PROJECT'S EXPECTED OUTCOME?
19. PROJECT DELIVERY – DESCRIBE THE ACTIVITIES OR STEPS YOU WILL TAKE TO CARRY OUT YOUR PROJECT – INCLUDE A TIMELINE AND DESCRIPTION OF WHO WILL BE INVOLVED INCLUDING VOLUNTEERS.
20. LIST THE COLLABORATORS ON THIS PROJECT (IF ANY) AND DESCRIBE THEIR RESPONSIBILITIES.
21. WHAT IS THE CAPABILITY OF YOUR AGENCY TO IMPLEMENT THIS GRANT?
22. DISCUSS THE SUSTAINABILITY OF YOUR PROJECT; I.E., HOW DO YOU INTEND TO CONTINUE TO MAINTAIN THIS PROJECT?
23. **Include copy of Liability Insurance face sheet.**

NONE OF THE FUNDS GRANTED BY THIS BOARD SHALL BE USED FOR ANY PURPOSE OTHER THAN THE GRANT FOR WHICH IT WAS ORIGINALLY MADE.

AT THE CONCLUSION OF THE PROJECT A GRANT RECIPIENT'S PROGRESS REPORT FORM MUST BE SUBMITTED TO THE BOARD.

PLEASE COMPLETE FORM AND RETURN WITH 9 COPIES TO:

SENIOR CITIZENS' SERVICES FUND

PO BOX 9766

SPRINGFIELD, MO 65801-9766

REVISED SEPTEMBER 14, 2009

ANY EQUIPMENT PURCHASED THROUGH THIS PROJECT AS DEFINED IN THE APPROVED BUDGET FORM OR IN EXHIBIT A MUST BE ACQUIRED IN ACCORDANCE WITH PROCEDURES ESTABLISHED IN RSMO CHAPTER 34 AND BY GREENE COUNTY PURCHASING REGULATIONS.

**GCSCSF  
APPLICATION FOR FUNDING  
PAGE 3**

**Proposed Project Budget (Note: Pages can be copied)**

Please provide a brief description or justification of all line items. Please be very specific in the line item budget. (Ex: Home delivered meals for 12 persons @ \$5 per person per 90 days = \$5400)

Item	Amount requested from GCSCSF (Column A)	In-kind Donation List source and amount of donations (Column B)	\$ from other funders (Column C)	Total Budget (Add columns A+B+C)
Personnel/salaries				
Subtotal Personnel:				
Program Expenses				
Subtotal, Program Expenses				

TOTAL EXPENSE (Program + Personnel)				
--	--	--	--	--

Authorized Signature: \_\_\_\_\_

Print Authorized Person's Name: \_\_\_\_\_

Organization: \_\_\_\_\_