Greene County Senior Citizens' Services Fund Board (GCSCSF)
Application for Funding

Application Instructions:

- ❖ A few changes to the Application for Funding have been implemented. In the past, you needed to supply the Board with nine (9) copies of the application. **Updated to only one (1) copy**. Please make sure that the Contact information is filled out completely.

- ❖ Any questions, please contact the Senior Board. Thank you for your application.

- ❖ Effective September 1, 2022 change in mailing address.

Greene County Senior Citizens' Services Fund Board (GCSCSF)
Application for Funding

1. Date Submitted
2. Full Name of <mark>Not-For-Profit</mark> Organization (attach ONE copy of corporate charter), OR <mark>Governmental Entity.</mark>
3. Brief description of the Organization's purpose, goals and objectives
4. Chapter or IRS Code under which organization is operating (attach **ONE** copy of IRS letter of authorization)
5. Provide **ONE COPY EACH** 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. 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.
12. What is your contingency plan if GCSCSF funding is not provided
13. What other services does your organization provide for Senior citizens? How many Greene County Seniors does your organization serve in a year?
14. Are similar services to Senior citizens being provided by other agencies in your area of operations (list agencies)
15. List any other information which would assist the GCSCSF Board in understanding the need for funding
16. What are the specific community needs or problems that you are trying to solve through the proposed project?
17. Project's primary goal and the project's expected outcome?
18. 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.
19. List the collaborators on this project (if any) and describe their responsibilities.

20. What is the capability of your agency to implement this grant?
21. Discuss the sustainability of your project; I.E., how do you intend to continue to maintain this project?
22. Include **ONE** copy of Liability insurance face sheet
23. 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 end of the calendar year and at the conclusion of the project, a grant recipient's progress report form must be submitted to the board by January 31st of the following year.

Please Complete the application and return nine (1) copy of:
- ✓ Application for funding and proposed budget sheet
- ✓ Any bids or quotes received
- ✓ **ONE COPY EACH** of the corporate charter, IRS letter of authorization, operation statements and budget for the last two fiscal years

   TO:
   Greene County Senior Citizen's Services Fund
   940 N. Boonville Avenue Room 210
   Springfield, Missouri 65802

Revised August 29, 2022

Proposed Project Budget (Note: Pages can 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 @ $5.00 per person per 90 days = $5,400.00)

Item	Amount requested form GCSCF Column A	In-Kind Donation List source and amount of donations Column B	Dollars from other funders Column C	Total Budget Add columns A + B+ C
Personnel/Salaries				
Sub-Total Personnel:				
Program Expenses				
Sub-total Program Expenses:				

Authorized Signature: _____

Print Authorized Person's Name: _____

Organization: _____