

Clatsop County Board of Commissioners Human Services Advisory Council Grant Funding to Outside Agencies 2023-2024

This is a copy for preparation purposes only. All applications must be submitted via webform

Grant Information

Crame minorimation			
Name of Program/Project	to be funded	by Grant:	
Total Amount Requested:			
Contact Name:			Title:
Phone:		Email:	
Can this program be im	plemented wi	th partial fund	ding from Clatsop County?
☐ yes ☐ No			
Organization Information			
Organization Name:			
Address:			
City:	State:		Zip:
Name of Head of Organiza	tion:		
Title:			
Phone:	Email:		
Executive Summary of Prog Brief 200 word summary; If publicly)			mary will be shared
Organizational Overview			
Type of Organization: ☐ 5			ty Other:
How long has organization		ence?	
Vision and Mission Statem	ent:		
What other organizations	do you worke	d collaborativ	ely with and how?

Received Past Funds? ☐ Yes ☐ No				
If yes, list years funds received, amounts, and how those funds were used:				
Program Overview				
How long has program/project been in	n existence?			
Geographic area(s) served by this prog	gram/project (must be within Clatsop			
County):				
Number of people expected to be	Target Population:			
served:				
Program/Project consistent with the for	ollowing county priorities (check all that			
apply)				
	ental Health			
☐ Homelessness				
How is the program/project consisten	t with the goals you checked above?			
(include specific services and impact):				
	1.0			
How is this program addressing a need that is not currently being addressed by				
other organizations?				
Florida and to				
Fiscal Overview				
Organizations Annual Budget:	Program/Project Annual Budget:			
Fiscal Sponsor (if Applicable):				
Phone:	Email:			
Note: Fiscal Sponsor CANNOT be a	political organization, for-profit business			

Required: Upload program/project budget using the template provide below. In addition, you may also submit your own more detailed budget from your organization.

or County department/division