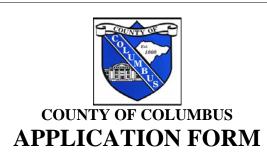


				CONTA	CT INFORMATIO		
Organizati	ION NAME:						
Address: _							
<del>-</del>							
C	CITY				STATE	<b>Z</b> IP	
P	PHONE (	)	-	FAX <u>(</u>	) -	EMAIL	
CEO NAME:	<b>:</b>				TITLE:		
<u>-</u>							
C	CITY				STATE	<b>Z</b> IP	
P	PHONE (	)	-	FAX _(	) -	EMAIL	
BOARD OF D	DIRECTORS CH	IAIRMAN	'S NAME:				
<b>.</b>							
-							
C	CITY				STATE	ZIP	
					<del></del>		
						EMAIL  VIDED WITH COUNTY FUND	



REQUESTED AMOUNT OF FUNDING:
WHY DO RESIDENTS OF COLUMBUS COUNTY NEED THE PROPOSED SERVICES?
How will the services be provided?
ARE SIMILAR SERVICES AVAILABLE IN COLUMBUS COUNTY FROM OTHER PROVIDERS?
IF SO, WHO CURRENTLY PROVIDES THE SERVICE?



F SO, WHAT IS THE ADDED VALUE TO THE COUNTY OF YOUR SERVICES?					
F SO, HOW WILL YOU COORDINATE SERVICES WITH OTHER PROVIDERS TO ENSURE THAT INDIVIDUALS WILL NOT RECEIVE THE SAME SERVICE FROM MORE THAN ONE PROVIDER?					
How will you ensure that the services are equally available to all eligible residents of COLUMBUS County?					
DATE					
22					

Application Form 2019-Printable Version.doc