



**COUNTY OF COLUMBUS
APPLICATION FORM**

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? **YES** **NO**

IF SO, WHO CURRENTLY PROVIDES THE SERVICE?



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IF SO, WHAT IS THE ADDED VALUE TO THE COUNTY OF YOUR SERVICES?

IF 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