



CM-72-003 COMMUNITY DEVELOPMENT GRANT
PART 2-APPLICATIONS FOR OPERATING FUNDING

Complete this Form, along Part 1 and 3.

Organization Name: _____

1. Please provide a list of programs and services your organization currently provides, and will continue to provide:

	Name of Program/Service	Brief Description	Average # of Unique Client per week
1			
2			
3			
4			
5			

2. What is the area of social services/community development your organization is focused on? Who are the primary benefactors from your organizations programs and services?



3. Does your organization provide programs supported by volunteers? If yes, which are they and how are they supported?

4. Please provide a description of the roles and responsibilities of the staff at your organization who manage and coordinate the day to day operations.