

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. Include the name of the program or service, a brief description, and the number of clients per week.

<p>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?</p>
<p>1. Please identify the 12 month period in which any approved operating funding will be spent.</p>
<p>3. Please explain why operational funding is needed for your organization. If your organization had been provided operational funding under this grant program in previous years and is requesting additional funding this year, please explain why additional funding is needed.</p>
<p>4. Is your organization still viable if it does not receive the full amount of funding requested? Please explain.</p>

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

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