I. General Information

Title of Proposed Project:	5:00 p.m., May 14, 2021	
Organization:	Via Email: kelly.smith@co.gilliam.or.us	
Contact Person:	Mail: PO Box 55, Condon, OR 97823	
Title:	Hand Delivery: Treasurer's Office, Rm. 204,	
Address:	221 S. Oregon St., Condon, OR	
	Late submissions will <u>not</u> be accepted.	
Daytime Phone:		
Email:	<u> </u>	
Tax ID #:	<u> </u>	
County Funds Requested: \$	Total Project Cost: \$	

Application must be received in the County

Treasurer's Office no later than:

Additional information and guidance for filling out this application can be found in the attached **Special Projects Grant Guide** (Addendum 1)

II. Program Narrative

Please provide a detailed summary description detailing your request for grant funding for your proposed project or event. The summary should include explanations of your organization's purpose and role in the County; project timeframe; how County funding will be utilized; and how your project fits within the County's strategic priority areas of economic development, infrastructure, and livability/quality of life. (Limit 3 Pages)

III. Program Information

Please answer the following questions in essay format. (Limit 2 pages)

- 1. Has your organization received project funding from Gilliam County in the past? If so, please briefly describe past County funded projects, including amounts of grant funding received.
- 2. Is your project proposed to be implemented in phases over time? If so, describe future implementation of your project and outline any future funding requests Gilliam County may be asked to consider.
- 3. What other funding sources has your organization sought out prior to making your request to Gilliam County? Describe how you were successful in obtaining other project funding support or why you were not.
- 4. Describe your long-term plan for operating and maintaining your project or event into the future. If you have a developed operations or business plan, please attach to the application (does not count towards page limits).

IV. Budget

Please fill out the attached Proposed Budget Form (Attachment A).

V. Match Funding

Please fill out the attached Match Funding Form (Attachment B).

AUTHORIZATION

The undersigned certifies that they are an official officer and authorized to represent the organization applying for a grant and that the information contained in this application is accurate. The undersigned agrees that if a grant is awarded to the organization: (1) the grant will be used for the purpose outlined in the grant agreement and may not be expended for any other purpose without prior written approval from Gilliam County; (2) information about the organization and the grant may be used by Gilliam County in any published materials.

Authorized Signature and Title	Date