

Johnson County Social Services FY22 Emergency Funding & Poverty Reduction Initiative Grant Application

Contact Information

**Name of
Organization**

**Mailing
Address**

City

Zip Code

**Organization
Website**

**Executive
Director**

**Phone
Number**

E-Mail Address

**Contact
Person**
(if different)

Title

**Phone
Number**

E-Mail Address

Organization Information

501(c)(3)?

Yes
No

Year Established

Proposal Request

Emergency Funding Grant

Poverty Reduction Initiative Grant

**Program /
Project Name**

**Amount of
Funding
Request**

**Describe the
program/
project for
which
funding is
requested
(4000
characters or
less)**

**Target
populations
to be served
by this
project**

**Anticipated
number of
people to be
served by
this grant**

**Explain the
need for this
project. If
seeking an
emergency
grant, what
is the
immediate
need for
funding.
What impact
will this
program
have on the
populations
served?
(2000
characters or
less)**

What other sources of funding have you received for this project?

Total Agency Budget

Agency Reserve Balance

If funded, what is the sustainability plan for this project.

Impact of Covid-19 pandemic on agency budget

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Geographic Area Served

Total Amount of Funding Requested

Will this project be possible with partial County funding?

Budget detail Salary/ benefits, supplies, ect.- include other sources of funding used to support this project