

**Columbia County Citizens for Human Dignity (CCCHD)
COMMUNITY GRANT APPLICATION**

Name of organization _____

Names & phone numbers of 3 Columbia County citizens involved in the decision-making process:

Mailing address _____

City, State, Zip Code _____

Contact Person _____

Telephone _____ Best time to call _____

Fax _____ E-mail _____

Project or program title _____

Amount requested _____

Project duration and time-line _____

Legal status: 501(c)3 State Non-Profit None Other _____

Proposal Summary

1. Describe the project or program for which you seek funding. 2. Specifically describe how this grant money would be used. 3. Describe how the program or project would support CCCHD's mission statement (see cover sheet). You may use the back of this sheet if needed. Please limit responses to no more than 2 pages.

What do you want to accomplish with the grant monies? _____

Describe the group of people in Columbia Co. you see your project impacting. _____

What outcomes do you hope to see at the end of your project? _____

What additional ways could you see CCCHD partnering in your work.? _____

Certification:

I hereby certify that the information included in this application is true and correct. I further certify that this organization does not discriminate on the basis of race, creed, national origin, immigration status, religion, marital status, age, disability, gender, gender identity, sex, sexual orientation, or color in its employment practices, selection of members, or in accepting students or clients.

Signature of Applicant _____ Date _____