

# Barbour County Commission

## Grant Funding Application

Fiscal Year 2025-2026

### *Organizational Information*

Name of Organization Requesting Grant Funding: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Organization Phone Number: \_\_\_\_\_

Organization Email Address: \_\_\_\_\_

Organization Website: \_\_\_\_\_

CEO/President/Executive Director Name: \_\_\_\_\_

### *Contact Information*

Project Contact Person: \_\_\_\_\_

Project Contact Person Phone Number: \_\_\_\_\_

Project Contact Person Email: \_\_\_\_\_

### *Organization Description*

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## Project Information

Name of Project: \_\_\_\_\_

**Project Narrative:** *Include a description of the project, goals and objectives, benefits to the citizens of Barbour County.*

Are you applying for Barbour County Commission Opioid Settlement Funds?

- ☐ Yes
- ☐ No

If yes, Explain which West Virginia First MOU allowable expenses your project satisfies and in what way. (If no, skip.)

Why do you feel the Barbour County Commission should consider funding this project?

How many individuals are expected to benefit from your project?

If other organizations are collaborating on this project, provide the name(s) of organization(s) and a brief description of the collaboration. \*If no Collaborations, enter "none"

Do you consider this project to be a continuing, long term project with future financial needs?

- ☐ Yes  
☐ No

If yes, what is your future funding plans?

Anticipated date of project completion:

What are your expected outcomes from the project and how will they be measured?

### *Project Budget*

Amount of Funding requested:

\$

Detailed Budget of the project (be specific):

Describe other funding sources (be specific):

**Describe your match** (this can be in-kind or monetary) *List in detail monetary matches. If your match includes in-kind, please include a letter from the individual / organization stating what will be provided and the dollar value)*

Date Application was Submitted: \_\_\_\_\_

By signing, I acknowledge that I understand and accept responsibility for completing a final report and providing the Barbour Commission with invoices and proof of payments for any expenses linked to funding obtained with this request within 30 days of the project's completion.

Signature: \_\_\_\_\_

**INTERNAL USE ONLY**

Date / Time Received: \_\_\_\_\_ Via: \_\_\_\_\_

Approved? \_\_\_\_\_ Denied? \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Funding Amount Approved: \_\_\_\_\_

Approval Letter Emailed on: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Denial Letter Emailed: \_\_\_\_\_