

Barbour County Commission

Grant Funding Application

Fiscal Year 2026-2027

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: _____