

FARMERSVILLE COMMUNITY DEVELOPMENT CORPORATION (4B)

205 S. Main Street, Farmersville, TX 75442

SPECIAL PROJECT GRANT APPLICATION

Organization Name _____

Contact Name _____

Mailing Address:

Phone _____ Email _____

Is this organization primarily headquartered within the city limits of Farmersville, Texas? _____

Does this organization primarily benefit the citizens of Farmersville, Texas? _____

Project Name _____

Project Description:

Describe the anticipated benefits for the citizens of Farmersville, Texas:

Total cost of project _____ Amount requested from Farmersville
Community Development Corporation _____

Requested month/s and amounts of disbursements requested _____

List all sources of revenue for this project (including but not limited to: fund raisers, public assistance,
private grants, member contributions, business contributions)

Is there a formal budget for this project? _____ If available, please attach a copy. The Board may ask for further details.

Is this a multi-year project? _____

Will additional grants from FCDC be requested? _____

Type of Organization (check all that apply) _____ Non-profit Corporation _____ Non-profit organization
_____ For profit corporation/business _____ Municipality

I hereby certify that the information contained herein and its attachments are true and correct. I hereby certify that should the Farmersville Community Development Corporation extend a grant to this organization, the funds granted will be used solely for the purposes described above. I understand that if a grant is received, the organization will be asked to give a progress report upon completion.

Date _____

Signature _____

Printed name and Title _____

Applicant: please leave below area blank

Evaluation Comments: