



SOUTH MONROE

COUNTY COMMUNITY FUND
AN AFFILIATE OF CREATI FOUNDATION

P O Box 402

Aberdeen, MS 39730

K.Seymour4@AOL.COM

662-369-4412

Grant Application

Name of Applicant: _____

Date of Application: _____

Organization/Legal Name, if different: _____

Address: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

Tax ID number (if applicable) _____

Senior Officer: _____

Description of the Proposed Project:

(Additional information may be entered on a separate sheet if necessary)

Population served: _____ **Project Date(s):** _____

Benefits of the Project

Additional information may be entered on a separate sheet if necessary

Is this a one time or an annual project? _____

Amount of Request: _____ **Total Project Budget:** _____

Itemized Budget

Additional information may be entered on a separate sheet if necessary