

_createaberdeen@gmail.cem

P O Box 402

Aberdeen, MS 39730

662-844-8989

Grant Application

Name of Applicant:		
Date of Application:		
Organization/Legal Name, if different:		
E-Mail Address:		
Tax ID number (if applicable)		
Senior Officer:		
<u>Description of the Proposed Project</u> :		

(Additional information may be ente	ered on a separate sheet if necessary)
Population served:	Project Date(s):
Benefits of the Project	
and regions and about the second facility of the Company of the second o	
Additional information may be enter	red on a separate sheet if necessary
W I	The second secon
is this a one time or an annua	Il project?
Amount of Request:	Total Project Budget:
Itemized Budget	Iodii i Iojoce budgeti

Additional information may be entered on a separate sheet if necessary