

PO Box 402

Aberdeen, MS 39730

662-844-8989

## **Grant Application**

Name of Applicant:	11	
Date of Application: Organization/Legal Name, if different:		
Phone #:	Fax #:	
E-Mail Address:		
Tax ID number (if applicable		
Senior Officer:		
<b>Description of the Proposed Proje</b>	<u>ct:</u>	

(information may be entered on a separat	e sheet if necessary)
Population served:P	roject Date(s):
Benefits of the Project	
Additional information may be entered	
A second of D seconds	ct?
Amount of Request:	Total Project Budget:
<u>Itemized Budget:</u>	

Additional information may be entered on a separate sheet if necessary