



GREENE COUNTY
DEVELOPMENT
COMMITTED TO GROWTH

PROGRAM INFORMATION:

This program is intended to help non-profits with gap financing by supplementing existing federal, state, and local (both private and public) sources of funding. Ideal projects will address critical needs of Greene County residents.

For 2021’s grant cycle, five non-profits will be awarded grants of \$5,000 each.

Grant applications, and accompanying documents, must be submitted to the Greene County Department of Development no later than 4pm on August 27th.

Ineligible expenses include:

- (1) Operating expenses (ongoing cost of running said organization)
- (2) Research, fundraising, political causes, and/or scholarships
- (3) Faith-based program activities benefitting only members of a certain faith

The grant is administered by the Greene County Department of Development (DOD). Subsequently, grant funds must be spent within six months of receipt. A claw back (rescission of funds) will be initiated for non-performance within the aforementioned six-month period.

Questions regarding the grant and this application may be directed to the Greene County Department of Development at (937) 562-5007 during regular business hours (Mon-Fri, 7:30am–4:30pm).

SUBMISSION INFORMATION:

Applications and all supporting documentation should be submitted to:

Greene County Department of Development
Non-Profit Grant
61 Greene Street
Xenia, Ohio 45385

APPLICANT INFORMATION:

Complete the information requested. **Applicant must be a non-profit located within Greene County, Ohio, and attach a copy of the organization's constitution or by-laws.**

Applicant: _____

Contact Person: _____ Title: _____

NTEE (Non-Profit Classification) Code: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

OTHER FUNDING SOURCES:

Please list any other secured funding sources associated with this project.

PROJECT SUMMARY:

Please provide a brief summary of the project. **Please attach any cost estimates or scopes of work associated with the project.**

CERTIFICATION:

Type or print the name and title of the Chief Official of the applying organization. The Chief Official must sign and date this application below.

Certification of Chief Official: I certify that the information in this application and related documents is true and correct to the best of my knowledge.

Typed/Printed Name and Title of Chief Official

Signature of Chief Official

Date