**2017 COUNTY SELF-HELP PROGRAM**

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| APPLICATION |
| DATE: | Click here to enter text. |
| NAME OF CITY: | Click here to enter text. |
| COUNTY: | Click here to enter text. |
| ADDRESS: | Click here to enter text. |
| CONTACT NAME: | Click here to enter text. |
| CONTACT PHONE NUMBER: | Click here to enter text. |

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| 1. **Total amount of money requested (not to exceed $1,500 or 50% of total project cost):**
 | Click here to enter text. |
| 1. **Estimated total cost of project:**
 | Click here to enter text. |
| 1. **Give a brief description and location of the project:**
 | Click here to enter text. |
| 1. **Are match funds committed to this project at this time? (Please explain)**
 | Click here to enter text. |
| 1. **Amount of local funds distributed as of date of application:**
 | Click here to enter text. |
| 1. **Do you anticipate an agreement with another agency, individual, or organization for operation and maintenance of the project once it is completed? (If yes, please explain)**
 | Click here to enter text. |

**A COPY OF A RESOLUTION OR MINUTES OF THE MEETING WHEREBY THE APPLICANT AUTHORIZED THE ABOVE-MENTIONED PROJECT AND PLAN TO SEEK SELF-HELP FUNDS MUST BE INCLUDED WITH THE APPLICATION.**