

Golden Valley Human Services Commission Application for Funding 2021



Name of Agency/Organization _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Contact Person _____

Contact Person Title _____ Contact Email _____

What other funding sources provided money to your agency/organization for the last three years?

Briefly describe how the GVHSC funds will be used by your organization (ie, program or service, etc).

How many communities does your organization serve? Please list, and provide the number of clients for each community served in 2019.

Describe how **Golden Valley residents** directly benefit from the project/services you provide.

Describe the scope of services to **Golden Valley residents** your organization provides in a year (eg, the number of households served and the number of times on average a household receives help in a year).

If you received funds from the GVHSC for 2020, how were the funds used by your organization?

If you do not receive funds from the GVHSC for 2021, how would this affect your program?

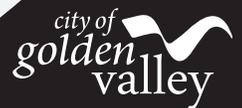
Are you aware of any other agencies providing this project/services to **Golden Valley** residents?

No Yes *If yes, explain why they are not fulfilling the current needs:*

Signature _____

Date _____

Title _____



316 Brookview Parkway
Golden Valley, MN 55426
763-512-2366
www.goldenvalleymn.gov

**Attach additional sheet if needed.*