

# Golden Valley Community Services Commission Application for Funding 2026 due July 31, 2025



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 GVCSC 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 2024?  
\_\_\_\_\_  
\_\_\_\_\_

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 GVCSC for 2024, how were the funds used by your organization?  
\_\_\_\_\_  
\_\_\_\_\_

If you do not receive funds from the GVCSC for 2026, 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 \_\_\_\_\_