

**2020 - 2021 PROGRAM REQUEST  
FORM (2 pages Max.)**

TITLE of Program: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Agency: \_\_\_\_\_ Email : \_\_\_\_\_

Funding Stream(s)

\_\_\_\_ Community Aid      \_\_\_\_ Community Aid Enhancement  
\_\_\_\_ Juvenile Services      \_\_\_\_ Juvenile Justice Prevention

Grant Request: \$ \_\_\_\_\_ Match: \$ \_\_\_\_\_ Total Cost of Project: \$ \_\_\_\_\_

Match Sources (specify in-kind or cash):

_____	\$ _____	Pending _____	Confirmed _____
_____	\$ _____	Pending _____	Confirmed _____
_____	\$ _____	Pending _____	Confirmed _____
_____	\$ _____	Pending _____	Confirmed _____
_____	\$ _____	Pending _____	Confirmed _____

Amount of County Match Requested: \$ \_\_\_\_\_

What year is this funding for: 1    2    3    4    5    6    7  
(1 = New Grant / 2 = Year 2 of Funding, etc.)

If a continuation grant:

What was accomplished & how many youth were served each year during the last 3 years (2016, 2017, 2018)?

Summary of Program

(Include # served, objectives, if it impacts DMC, the priority addressed in the Juvenile Justice Comprehensive Plan)

\* Attach 1 page budget summary of program