

MISSISSIPPI DISASTER RECOVERY FUND, INC.

UNMET NEEDS—PROJECT INFORMATION

COUNTY:

APPLICANT:

PROJECT NAME:

SERVICE AREA OF PROJECT:

NUMBER OF PEOPLE DIRECTLY SERVICED BY THE PROJECT:

DOLLARS REQUESTED:

MATCHING FUNDS PROVIDED BY APPLICANT:

IN KIND MATCH PROVIDED BY APPLICANT:

DESCRIPTION OF PROJECT (less than 150 words):

Is the Applicant incorporated as a Mississippi Non-Profit?

Is the Applicant recognized by the IRS as a 501(c)(3)?

Will the Applicant be the Fiscal Agent for the Project?

If No, attach the contract or MOU for the fiscal agent delineating the terms, compensation, and services provided by the agent.

The above Project has been approved by a majority vote of the members of the Applicant and has been determined to best serve the Un-met Needs of individuals within the county and service area identified.

Name:

Title:

Signature

Date:

Email:

Phone: