



Sullivan County Department of Grants Administration
Funding Resource Request Form

Contact Information		
Name:	Date:	
Address:	Phone:	
	Email:	
<input type="checkbox"/> Municipality	<input type="checkbox"/> Private Citizen	<u>Please choose one</u>
<input type="checkbox"/> Non Profit	<input type="checkbox"/> Other (please explain) _____	
Reason for Funding Resource Request		
<input type="checkbox"/> New Business Startup	<input type="checkbox"/> Housing Rehabilitation	<u>Please choose one</u>
<input type="checkbox"/> Existing Business Expansion	<input type="checkbox"/> Other (please explain) _____	
Please describe your project/interest in detail (be sure to include – specific need/interest, amount of funding needed, type of business (if applicable), projects physical address, any other pertinent information):		
*Attach a separate sheet, if necessary		

Are you interested in only grants, or would low interest loans be an option?

Grants Grants/and or loans

Do you have a business plan or a business expansion plan?

Yes No N/A

Do any of the following groups apply to you (status could make you eligible for other/more funding sources)?

Woman Minority Veteran Other

How did you become aware of our department? _____

Were you referred to us by a specific person or organization?

Yes _____ please explain No

Email completed form by clicking below **OR** Mail the completed form to the Department of Grants Administration
(DGA) – County Government Center 100 North Street Monticello, New York 12701