



Sullivan County Department of Grants Administration
Funding Resource Request Form

Contact Information	
Name:	Date:
Address:	Phone:
	Email:
☐ Municipality ☐ Private Citizen <u>Please choose one</u> ☐ Non Profit ☐ Other (please explain) _____	
Reason for Funding Resource Request	
☐ New Business Startup ☐ Housing Rehabilitation <u>Please choose one</u> ☐ Existing Business Expansion ☐ 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

[Click Here to Submit to Grants](#)

If the above button does not work on your machine, please either email the completed file to
Michael.Barbera@sullivanyny.gov or mail it to Sullivan County Grants Administration, 100 North Street, Monticello, NY 12701.