



Organization Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

What is the total amount of the request? \$\_\_\_\_\_

What Human Services Strategic Plan priority does your project fall under?

Food Security

Housing

Health and Wellbeing

Youth, Literacy, and Learning

Cross-cutting Barriers to Access

Transportation

Culturally and Linguistically Responsive Services

Other

Please define: \_\_\_\_\_

Please provide an overview of your request. Explain the capital need and how support of this request will allow you to achieve an organizational goal.

How will these funds increase your organization's capacity to serve Gwinnett County residents and meet your mission?

What measurable impact will these funds have on your organization?

How will your organization sustain the ongoing cost of the capacity building funded project once grant funds are depleted?