

**APPLICATION FOR FUNDING**  
(See Guidelines for Funding)  
**GEORGIA ASSOCIATION OF DEMOCRATIC COUNTY CHAIRS**

COUNTY \_\_\_\_\_ ARE YOU A MEMBER OF THE GADCC? \* \_\_\_\_\_

CONGRESSIONAL DISTRICT (split counties, use DPG assigned ) \_\_\_\_\_

CHAIR: PRINT NAME \_\_\_\_\_

ADDRESS TO RECEIVE  
CHECK \_\_\_\_\_

CELL PHONE \_\_\_\_\_ FAX \_\_\_\_\_ Email: \_\_\_\_\_

# OF ELECTED OFFICERS: \_\_\_\_\_ # COMMITTEE MEMBERS: \_\_\_\_\_

# OF MEETINGS PER MONTH: \_\_\_\_\_ APPROVED BYLAWS? \_\_\_\_\_

DO YOU CONSIDER YOUR COUNTY PARTY:  
NEW: \_\_\_\_\_ REVITALIZED: \_\_\_\_\_ WELL ESTABLISHED: \_\_\_\_\_

DO YOU HAVE A DEDICATED PARTY TELEPHONE LINE? \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ RENTED HEADQUARTERS? \_\_\_\_\_

AMOUNT REQUESTED \_\$ \_\_\_\_\_

DESCRIBE HOW YOU WOULD USE THE GADCC FUNDS REQUESTED \_\_\_\_\_

ARE OTHER COUNTIES ARE INVOLVED IN THE ACTIVITY?: \_\_\_\_\_

CHAIR SIGNATURE/DATE \_\_\_\_\_ / \_\_\_\_\_

CHANGES AND APPROVAL SIGNATURE BY GADCC DISTRICT REP \_\_\_\_\_

DATE \_\_\_\_\_ -

AUTHORIZED BY GADCC PRESIDENT  
SIGNATURE/DATE \_\_\_\_\_ / \_\_\_\_\_

\* If you are not and application approved, \$50 will be deducted for membership.