

CENTRAL MONTCALM COMMUNITY FOUNDATION
Grant Application

Type of Grant: **Community** **Education** **Tobacco** (healthy youth and seniors)
Grant deadlines: **August 31** **October 1** **August 31**
Please circle the grant type above

TITLE OF PROJECT:

NAME(S) OF EDUCATORS/REPRESENTATIVES WHO ARE REQUESTING THE GRANT:

AMOUNT REQUESTED FOR PROJECT/MATERIALS: \$ _____

DATE THE FUNDS ARE NEEDED: _____

PLEASE DESCRIBE THE PURPOSE AND GOALS OF THE PROJECT/MATERIALS, INCLUDING THE DIRECT BENEFIT TO THE STUDENTS OR COMMUNITY. **Be Specific!**

WHAT IS THE PLAN FOR EVALUATING THE ACTUAL USE OF THE MATERIALS OR IMPLEMENTATION OF THE PROJECT, TO SEE THE ACTUAL EFFECTS? **(Please describe in detail).**

IF THIS PROJECT IS ONE OF AN ONGOING NATURE, HOW WILL IT BE FUNDED IN THE FUTURE?

ARE OTHER SOURCES OF MONEY NECESSARY FOR THE PURCHASE OF THESE MATERIALS, OR FOR THE IMPLEMENTATION OF THE PROJECT?

IF SO, WHAT OTHER SOURCES WILL BE USED?

PLEASE ADD ANY OTHER INFORMATION THAT YOU FEEL WOULD HELP THE GRANT COMMITTEE IN CONSIDERING YOUR GRANT REQUEST:

FINALLY, WOULD YOU BE WILLING TO ACCEPT A PARTIAL GRANT, OR WOULD YOU NEED FULL GRANT FUNDING FOR THIS PROJECT?

Signatures of Grant Applicants, Project Supervisor and or Building Administrator:

Grant Applicant Date signed

Co-Grant Applicant OR Building Administrator Date signed

Project Supervisor (Education) Date signed