ET PERRY CENTENNIAL CHAPTER GRANT APPLICATION FORM

Date of Application:

Name of chapter:

Contact Information for Primary Person for Grant Application:

Name:
Email:
Phone Number:

Area(s) in which support is needed:
( ) Board Recruitment
( ) Membership Recruitment
( ) Publicity/Communication
( ) Effective Fundraising
( ) Team Building
(_) Website development
( ) Other (please describe)

Funding of events and programs not covered.

Chapter information:
Number of Board members:
Number of volunteers:
Number of members:

Have other funding sources been pursued, such as matching funds, Chapter funds?

Amount requested:

Narrative:
Please include a separate page describing what issues the chapter would like to address, how the chapter plans to use the grant funds received, and what outcomes are expected to be achieved.

Any additional information to support the application the chapter feels would be helpful to the Committee in considering the application.

Contact Information for Chapter President (Only include if the chapter president **is not** the primary person listed above. To be used to confirm that the president acknowledges chapter's participation in activities related to an ET Perry Centennial Chapter Grant.)

Name:
Email:
Phone number:

( ) The application has been approved by the Chapter board.

( ) Applicant certifies that the information on this application is accurate.

Signature of Primary Person for Grant Application:

Submit completed application (PDF preferred) to info@friendsofsdpl.org.