This is a preview of the grant application. This is NOT the actual grant application.

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to be met by the project. to be served by the project. • Describe the and/or

Identify

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- Brief statement of project and how the University and community will be involved
- Numbers served by project
- Date funds needed
- Project timeline
 - Start date
 - End date
- Total project costs
- Amount requested

If you answer yes to any of the first three questions below, you must be prepared to list sources. Please indicate if funds are actual, in-kind or potential funding sources.

- Have you committed existing resources to this project? ____Yes _____No
 - o (If yes, please list)
- Have you applied for matching funds for this project? ____Yes ____No
 - o (If yes, please list)
- Have you applied for funding from other sources? ____Yes _____No
 - o (If yes, please list)
- Are you relying solely on funds from the Ross Fund for your project? ____Yes _____No
- Project budget (one-page maximum) Include in-kind contributions and other resources available for the project (one-page maximum)

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- Name of Organization
- Contact Person
 - o Title
- Address
- Telephone
- Fax
- Email
- Mission of community organization

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 Fc Inc Ot Has the o (If Attachme Ar 	arned income/fees bundations dividuals thers (specify) rganization had a deficit in the last three years?Yes No f yes, please prepared to submit explanation) ents from Community Organizations noual report/summary of current activities or projects bard of Directors list
Please indicate w for financial infor	
 Please do 	wnload the document here and upload once completed with appropri@ET@MC /P Zm&)-(e(t)

- The project budget includes funding from partners and/or matching gifts.
 The project has a reasonable action plan and timeline.
 The project proposes an effective evaluation method.