

## CSFI Grant Proposal Process

The CSFI Board thanks you for your continued support through membership and interest in the grant proposal process. As you know, the Children's Services Fund is a nonprofit corporation associated with the Florida Association of School Psychologists. Its mission is to educate the citizens of Florida about the mental health and educational needs of Florida's children, and to provide indirect and direct services that promote the educational and psychological well being of Florida's children.

CSFI provides financial support for projects and programs that promote and are consistent with its mission statement. Request for funds may also be submitted by CSFI members on behalf of a school or community organization.

CSFI financial support may be obtained by CSFI members in two ways: 1) emergency support in times of crisis, and 2) grants for programs and projects. Requests for emergency grant aid may be made at any time. The CSFI Board of Directors will consider requests for planned program grants on a quarterly basis, and grant recipients will be notified following the next scheduled Board meeting. All requests should be made to Donna Regan, Director of Community Outreach <dlregan@bellsouth.net>. Grant applications are also available on the CSFI web page of the FASP website at [www.fasp.org](http://www.fasp.org)

**FASP CHILDREN'S SERVICES FUND, INC.**  
**GRANT APPLICATION**

Date: \_\_\_\_\_

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Applicant: _____	Project Name: _____
Address: _____	Type of Grant: Emergency [ <input type="checkbox"/> ]
City, Zip _____	Project [ <input type="checkbox"/> ]
Phone: _____ Fax: _____	County where grant will be used: _____
E-mail: _____	Project coordinator: _____

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Project Description (include rationale and number of people who will benefit., limited to 150-200words).

Goals and Activities:

Method of evaluation of effectiveness:

Itemized costs: attach additional sheet if necessary

Total amount requested: \_\_\_\_\_ Signature: \_\_\_\_\_  
Position: \_\_\_\_\_

I understand that as a grant recipient I would be required to provide a written summary of results and budget accountability form with receipts for all receiptable items. FASP/CSFI reserves the right to use this information in public relations efforts without reference to names of individuals who benefit from monies.

If grant is going to a school or agency, please complete the following: I hereby state that this organization is recognized by the Internal Revenue Service as a 501(c) (3) organization and that the agency directors or School District has approved the project for which funding is being requested.

\_\_\_\_\_  
signature

Name of organization or agency: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone#: \_\_\_\_\_