

CSFI Grant Proposal Process

Vj g'EUKDqctf 'vj cpnu' { qw'htq' { qwt'eqpvkpwgf 'uwr r qtv'vj tqwi j 'o go dgtuj kr 'cpf 'kpvgtguv'kp'vj g'i tcpv r tqr qucnr tqegu0Cu' { qw'hpqy . 'vj g'Ej kf tgp0u' Ugtxlegu'Hwpf 'ku'c'pqr tqhk'eqtr qtcvqp'cuuqekcvf 'y kj vj g'Hqtkf c'Cuqekcvqp'qh'Uej qqnrRu{ej qmri kuw0Ku'o kuukap'ku'v'gf wecvg'vj g'ekki gpu'qh'Hqtkf c'cdqww vj g'o gpvnrj gcnj 'cpf 'gf wecvkqpcn'pggf u'qh'Hqtkf c0u'ej kf tgp.'cpf 'v' r tqxkf g'kpf kt gev'cpf 'f kt gev'ugt xlegu vj cv'r tqo qvg'vj g'gf wecvkqpcn'cpf 'r u{ej qmri kcnly gmdgkpi 'qh'Hqtkf c0u'ej kf tgp0

EUKR tqxkf gu'kpcpekn'uwr r qtv'htq'r tqlgew'cpf 'r tqi tco u'vj cv'r tqo qvg'cpf 'ctg'eqpukv'gpv'y kj 'ku o kuukap'ucvgo gpv0Tgs wguv'htq'hwpf u'o c{ 'cnuq'dg'uwdo kwgf 'd{ 'EUKo go dgtu'qp'dgj cm'qh'c'uej qqnrqt eqo o wpk{ 'qti cpk cvkqp0

EUKHkpcpekn'uwr r qtv'o c{ 'dg'qdvkpgf 'd{ 'EUKo go dgtu'kp'y q'y c{ u3+'go gti gpe{ 'uwr r qtv'kp'vko gu qh'etkuku.'cpf '4+'i tcpv'htq'r tqi tco u'cpf 'r tqlgew0'Tgs wguv'htq'go gti gpe{ 'i tcpv'ckf 'o c{ 'dg'o cf g'cv'cp{ vko g0Vj g'EUKDqctf 'qh'F kt gevqtu'y knieqpukf gt'tgs wguv'htq'r rppgf 'r tqi tco 'i tcpv'qp'c's wctvgn{ dcuku.'cpf 'i tcpv'tgekr kpvu'y knidg'pqv'k'gf 'hqmy kpi 'vj g'pgz'v'uej gf wgf 'Dqctf 'o ggkpi 0Cm'tgs wguv uj qwf 'dg'o cf g'v'Uctej 'Xcng{/I tc{.'Rtgukf gpv'>xcng{i tB pqxc0gf w0I tcpv'cr r kcvkqpu'ctg'cnuq'cxckrdng qp'vj g'EUKy gd'r ci g'qh'vj g'HCUR'y gdukg'cv'y y y 0cur Qti

FASP CHILDREN'S SERVICES FUND, INC.
GRANT APPLICATION

Date: _____

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: _____

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#: _____