

Special Project Challenge Grant Application Cover Sheet

Applicant Organization Name: _____

Mailing Address: _____
Street City State Zip

Contact Name: _____ Title: _____

Phone Number: _____ - _____ - _____ Email: _____

Proposed Project Information

Mark appropriate description

Program Expansion

New Program

Request Amount (50% or less of total budget): \$ _____ Total Project Budget: \$ _____

Please provide a 3-4 sentence summary of the project proposed in this application, including the population to be served and any expected outcomes:

If applicable, provide a description of recent changes in the demand for services related to this project:

Please list specific goals/objectives of this project:

Explain how you will evaluate the outcomes of this project:

How will you raise the matching funds required for the grant?

How will the project be sustained after grant funding is expended?

This cover sheet **and required attachments** must be emailed to grants@cfsjc.org. See Special Project Challenge Grant guidelines for description of required attachments.