APPLICATION: Written requests for grant consideration are due in the Foundation Office (CI144) by 4:30 p.m. on November 26, 2012. Late and incomplete applications will not be accepted.

The Foundation anticipates awarding up to $20,000 this academic year to projects that align with the college’s Annual Implementation Plan, 2012-2013. Priority will be given to projects that have measurable outcomes and where impact of activity can be evaluated.

PURPOSE OF REQUEST: _________________________________________________________________

AMOUNT REQUESTED: _________________________________________________________________

DEPARTMENT SUBMITTING THIS REQUEST: ________________________________________________

DETAIL OF REQUEST: Attach information that provides specific responses to the following:
(1) Describe the project or purpose for which the funds are requested.
(2) Describe specifically which objective(s) of the 2012-2013 Annual Implementation Plan the project aligns with.
(3) Will the project benefit if the request is only partially funded?
(4) Complete the attached budget summary.

APPLICANT: __________________________________________ / ____________________________
(Signature) (Print Name)

TITLE/POSITION: __________________________________________ Date ______________________

Approval by Director/Dean and Vice President is required.

This proposal is in agreement with the goals and objectives of this department and represents priorities in the 2012-2013 Annual Implementation Plan.

DIRECTOR/DEAN: __________________________________________ Date ______________________

VICE PRESIDENT: __________________________________________ Date ______________________

Additional Comments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Budget Summary

PURPOSE OF REQUEST: ________________________________________________________________

AMOUNT REQUESTED: ________________________________________________________________

APPLICANT: _________________________________________________________________________

1000 Certificated Salaries (hourly instruction, reassigned time) $ _____________

2000 Classified Salaries (instructional aides, tutors, clerical) $ _____________

3000 Benefits $ _____________

4000 Supplies (printing, software, books, etc.)* $ _____________

5000 Operating (consultants, conference, postage)* $ _____________

6000 Capital Outlay (equipment, computers)* $ _____________

Total: $ _____________

*Attach copies of invoices, quotes or estimates if applicable.

Additional Comments by Applicant:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Thank you for your application. For any questions or inquiries please contact the Foundation Office at 626 914-8825 or foundation@citruscollege.edu

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Foundation Office Use Only:

Date Received: __________________________

By: __________________________

Requirement Checklist:

_____ Signed by Director/Dean

_____ Signed by Vice President

_____ Detail of Request

_____ Budget Summary