



# GRANT REQUEST FORM

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

## Part I: Organization Information

Name of organization requesting the grant: \_\_\_\_\_

Contact person for the project/organization: \_\_\_\_\_

Email and/or phone number for contact person: \_\_\_\_\_

## Part II: Project Information

Description or purpose of project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain how this project will be of lasting benefit to the campus community: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many students will attend or participate? \_\_\_\_\_

## Part III: Grant Information

Amount requested: \_\_\_\_\_

Are funds available from your organization for this project? (please circle) Yes No

If yes, how much? \_\_\_\_\_

Are there other sources of funding available for this project? (please circle) Yes No

Details of project costs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please submit this form and any supporting documents to:  
**Executive Director**  
Faculty Student Association of JCC  
1220 Coffeen St  
Watertown, NY 13601  
TEL: 315-786-2353  
FAX: 315-786-2295