## Chapter Grant Application Form

All fields, including the attachment of the Line-Item Budget are required. Incomplete forms will not be considered.

* **Project Name:** Enter Project Name Here
* **Chapter:** Enter Chapter Name
* **Contact Person:** Enter Contact Person Name
* **Phone Number(s):** (555) 555-5555
* **Email:** Enter Email Address
* **Amount Requested:** $0.00 **Total Project Budget:** $0.00

**Attach Line-Item Budget**

* **Project Date:**       **Is this a New Project?** [ ]  Yes [ ]  No
* **What is the project category?**

[ ]  Local Economic Development Program

[ ]  Inter-organization Collaboration Project

[ ]  Local Personal Skill Development Program

[ ]  Growth and Development Program

[ ]  Local Community Empowerment Program William B. Robertson Award

[ ]  Long-term Local Comm. Development Prog. Dr. Jerry Bruce Memorial Award

[ ]  Local Corporate Social Responsibility (CSR) Program

[ ]  Local United Nations Sustainable Development Goals (UN SDG) Project

[ ]  Best Local Peace Project

* **Overview of the project (describe the project in detail, including history**

* **What are the objectives/goals of the project/program?**

* **What steps are planned to ensure successful completion of the project?**

* **What are the anticipated results/outcomes of this project?**