



SCC Community Support Fund Application Form 2011-2012

This form must be filled out and submitted for each program or event that you are requesting funds from the Safe Community Coalition (SCC). The deadline for submission is **January 27, 2012**. Please return this form by regular mail to P.O. Box 7001, McLean, VA 22106 or email at scc@safecommunitycoalition.net.

PROJECT INFORMATION

Project Name:

Total Amount Requested: \$ _____

Has this proposal been funded in previous years? Yes _____ No _____

CONTACT INFORMATION

Project Contact Person:

Email:

Work Phone:

Home Phone:

Fax #:

Address:

PROJECT DETAIL

Project Start Date:

Project End Date:

Location(s):

Schools involved in the project (if applicable):

Indicate the estimated number of people impacted by the project in each category:

Elementary Students _____ Middle School Students _____

High School Students _____ Parents _____

Community Members _____ School Personnel _____

Please list any other organizations that you are partnering with on this project:

PROJECT BUDGET

To the best of your ability, please indicate the funding amount that will be allocated for each of the following categories. Please do not include any in-kind or donated amounts in this budget. In-kind and other donated amounts will be reported on the evaluation form at the end of the project.

INCOME (if any) \$

EXPENSE

Food cannot be funded with SCC funds

Rental of Space \$

Supplies \$

Publicity \$

Speaker fees \$

Teacher stipends \$

Mailings/Postage \$

Other (please specify) \$

Total \$

(This should equal the amount of funds requested on page 1 of this form)

Are you anticipating receiving additional funds from another source? Yes_____ No_____

If yes, please indicate the source and amount.

EVALUATION

If your fund request is approved, you must complete an evaluation and submit it to the SCC within 30 days of completion of your program. Upon approval of your request, the SCC will provide you with a copy of the evaluation you are to complete.

Signature of Contact Person _____

APPROVAL

This funds request has been approved in the amount of \$_____.

_____, Treasurer, SCC _____ Date

_____, President, SCC Board of Directors _____ Date