

DOROTHY I. HEIGHT EDUCATION FOUNDATION (DIHEF) GRANT APPLICATION DRAFT

PART I. Applicant Information

Organization Name _____

Mailing Address _____

Contact Name and Number _____

PROJECT TITLE _____

PROJECT COST _____

Funds Requested \$ _____

PART II. Check Applicable Grant Categories (Check all that apply.)

___ Programs for pre-school children

___ Programs for children of elementary school age

___ Programs for women

___ Programs for women and girls

___ Programs for adults

___ Programs specifically for elderly adults

PART III. Project Details and Summary

Complete in the space provided below:

- An overview of your project
- Please include a list of goals
- Include a list of objectives
- Your expected outcome
- How you will (a) evaluate and (b) measure your project's success
- An executive summary

PART IV. Proposed Budget

(Include all income and all expenses. If there are funds coming from other entities, please list the name of the organization/agency and the amount being funded. Incomplete proposals will not be reviewed for funding.)

PART V. Project Continuation

(Do you expect this to be an ongoing project? _____ yes, _____ no. If so, how do you expect it to be funded for additional year/s? And by what source[s] of funding? **NOTE: We will consider renewal of grants.**)

PART VII. Certification

a./We affirm that the jurisdiction or agency named below is the legally designated fiscal agent for this program and is authorized to receive and expend funds for the conduct of this project. We are an equal-opportunity employer.

b./We affirm that all matching funds listed in this application are available for use in this project.

Project Director Name and Title

_____ (Please print or type)

Agency/Organization Name

_____ (Please print or type)

Street/Mailing address

_____ (Please print or type)

City _____ State _____ Zip code

_____ (Please print or type)

Project Director's phone number

_____ (Please print or type)

Project Director's e-mail address

_____ (Please print or type)

SIGNATURES (Please be sure to include original signatures. Applications submitted without original signatures will not be considered.)

Agency/Organization Director _____ Date

Program/Project Director _____ **Date**
