



Student Mental Health Endowment Fund Grant Request

Date of Application _____

Legal name of organization applying:

Project contact person and title: _____

Address for primary correspondence: _____

City/State/Zip: _____ Phone: _____

Email: _____

PROJECT NAME: _____

PURPOSE OF GRANT:

PROJECT START DATE: _____ AMOUNT REQUESTED: _____

TOTAL PROJECT COST: _____ PROJECT COMPLETION DATE: _____

Signature, Project Contact Person

Printed Name and Title

Date

Signature, Superintendent/Principal

Printed Name and Title

Date



PROJECT OVERVIEW

Briefly respond to the following questions in the given order.

1. Provide a brief project overview. Describe the purpose of the program, the way in which it will be carried out, how often it will be provided, how many students it will be affected, etc.
2. Specifically, for what purpose will the grant dollars be used? How critical is a grant to the success of your project?
3. If applicable, how does the project involve volunteers? List the number of personnel and volunteers involved in planning and carrying out the program. List the number of paid staff and their responsibilities for the program. List of any other organizations that will assist in the project.
4. Will the grant act as “seed money”? What is your plan for permanent funding after the grant is awarded?
5. Have you applied to any other organizations to cover the cost of the project? If so, please identify the organization and the amount of the request.

BUDGET NARRATIVE

Please include any additional information regarding your budget and expenses you feel may need further explanation or will help the Chippewa County Community Foundation in determining grant awards. Please use the Grant Budget Format provided.

EVALUATION

Please include your plans for evaluation, including how success will be defined and measured. Description of how evaluation results will be used and/or disseminated, and active involvement of constituents in evaluation of the program.



GRANT BUDGET FORMAT

Time period this budget covers: _____

	Amount Requested from Funder	Total Project Expenses
Travel		
Equipment		
Supplies		
Printing and copying		
Training		
Evaluation		
Marketing		
Other (Specify):		
Total:		



Final Grant Completion Report

Date of Report: _____

Legal Name of Organization applying:

Project contact person and title: _____

Address for primary contact: _____

City/State/Zip: _____ Phone: _____

Project Name: _____

Project Start Date: _____

Project End Date: _____

Purpose of Grant:

Amount of Grant Awarded: \$ _____

Dates covered by this report _____ to _____

Signature, Project Manager

Printed Name and Title

Date



Final Grant Report Narrative

Narrative –

A. Results

- a. List the original goals and objectives of the grant and how they were met
- b. If possible, explain results in outcome-based terms. For example, what difference did this grant make in your institution?
- c. Did variance from the original project occur? If so, how often? In what ways did the original project differ from your initial plans?
- d. Describe any unanticipated benefits or challenges encountered?

B. Lessons Learned

- a. If you were to undertake this project again, would you do anything differently?
- b. What were the most important outcomes and lessons learned?
- c. What recommendations would you make to other institutions or project directors working in this area?

C. Future Plans

- a. What is your vision of this project for the next 3 years?