



ROSS FUND APPLICATION FORM

INSTRUCTIONS:

Please type or print clearly. Use 3/4-inch margins and 12-pt. type, single spaced. **DO NOT** change the spacing between sections or other file attributes. **DO NOT MAKE ANY CHANGES TO THE FORM.**

GRANT APPLICATION

Please type or print clearly.

PROJECT SUMMARY

PROJECT NAME _____

Brief statement of project and how the University and community will be involved:

GEOGRAPHIC AREA SERVED

Numbers served by project _____ Date funds needed _____

Project timeline: Start date ____/____/____ End date ____/____/____

Total project costs _____ Amount requested _____

FUNDING SOURCES: If you answer yes to any of the first three questions below, attach a separate page. You must list sources. Please indicate if funds are actual, in-kind or potential funding sources.

- ◆ Have you committed *existing resources* to this project? Yes No (*If yes, please list*)
- ◆ Have you applied for *matching funds* for this project? Yes No (*If yes, please list*)
- ◆ Have you applied for *funding from other sources*? Yes No (*If yes, please list*)
- ◆ Are you relying *solely on funds from the Ross Fund* for your project? Yes No

COMMUNITY PARTNER

NAME OF ORGANIZATION _____

CONTACT PERSON _____

TITLE _____

ADDRESS _____

TELEPHONE _____

FAX _____

E-MAIL _____

Mission of community organization:

(continued)

COMMUNITY PARTNER (continued)

Does your organization have 501(c)(3) status? Yes No (If yes, please submit one copy of certification of tax-exempt status.)

Principal sources of support for organization (Indicate approximate amounts)

United Way _____ Corporations _____ Others (specify) _____
Government agencies _____ Earned income/fees _____
Foundations _____ Individuals _____

Has the organization had a deficit in the last three years? Yes No (If yes, please submit explanation)

My signature below certifies that the information provided in this application, pertaining to my organization and its responsibilities to this proposal, is correct. I am authorized by the governing board of this organization to submit this grant application to the Stephen David Ross University and Community Projects Fund.

SIGNATURE DATE

NAME (PLEASE PRINT) TITLE

UNIVERSITY PARTNER

NAME OF CAMPUS UNIT OR ORGANIZATION (IDENTIFY OTHERS ON A SEPARATE SHEET; INCLUDE SIGNATURES AND DATES.)

CONTACT PERSON

TITLE

ADDRESS

TELEPHONE

FAX

E-MAIL

My signature below certifies that the information provided in this application is correct and that I am prepared to implement this proposal to the best of my abilities should this project be funded.

SIGNATURE DATE

NAME (PLEASE PRINT)

TITLE

STUDENT, IF APPLICABLE (Must also have the signature of a University Partner)

My signature below certifies that the information provided in this application is correct and that I am prepared to implement this proposal to the best of my abilities should this project be funded.

SIGNATURE DATE

NAME (PLEASE PRINT)

TITLE

PROJECT LEAD PARTNER IDENTIFICATION: Community organization University unit

Please indicate which partner will be responsible for all questions and will serve as main contact for financial information and reports related to this grant application and project, if funded.

CONTACT PERSON FOR GRANT PROCESS (UNLESS SAME AS ABOVE)

TITLE

ADDRESS (UNLESS SAME AS ABOVE)

TELEPHONE (UNLESS SAME AS ABOVE)

FAX

E-MAIL