

South Carolina Alliance for Health, Physical Education, Recreation, and Dance

GRANT APPLICATION COVER SHEET

(Deadlines are 6:00PM on the dates shown below. Mail to:
SCAHPERD, 1301 Columbia College Drive, Columbia, SC 29203)

_____ First Round (1st Friday in September) _____ Second Round (2nd Friday in January)

NAME: _____ **ASSOCIATION:** _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

PROPOSAL TITLE: _____

Please refer to the Guidelines (prior pages) to insure that you comply with conditions for the category of the award that you seek. Your Association President should have a copy of those guidelines. A perusal of the instructions in that document would also be useful.

Which type of award do you seek? (check one)

_____ Individual Project (maximum of \$150)

_____ Association Enhancement Project (Maximum of \$500)

_____ Association Fund-Raising (Maximum of \$500)

_____ Special Project (Maximum of \$500)

\$_____ Amount Requested

Have you received Individual/Association support within the past two years? (Y/N) _____

(If yes, list the amounts below)

Do you expect to receive funds external of your Association for this project? (Y/N) _____

(If yes, list the amounts below)

Please complete the questions below, have your Association President sign the bottom of this page, make 10 copies and return to the Alliance Executive Director. The address of the Executive Director is shown at the top of the Grant Application Cover sheet.

- 1. An overview description of the project, not to exceed 3 single-spaced typed pages with a minimum of a 12 point font.**
- 2. Project summary** (The project summary should be written in terms clear to an evaluator who is not a specialist in your professional area. (Maximum length, one page)
- 3. Budget** (itemized budget to include income/expenditures)
- 4. How your participation in this project would enhance your personal and/or Association development?**
- 5. How would you share your project outcomes/results with colleagues, if applicable?**
- 6. Attach a copy of your membership, list of office or some proof that you are a member of the Alliance.**

SIGNATURE: Applicant: _____ Date: _____

SIGNATURE: Association President: _____ Date: _____

Remember to complete the cover sheet with the completion of the 6 questions, send 10 copies to the Executive Director by the deadline dates. Signature of the Association President can be completed by attaching an approval email message by the President.