

Grant Application

Organization/Department/Unit Name:					Date
			Date Organization was Founded (Community Organizations Only)		
Amount Requested: \$				Total Organizational Annual Budget: \$ (Community Organizations Only)	
Program/Project Title			D	Dates of Program/Project	
Please summarize in a short paragraph the purpose of your department. Briefly explain why your department is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if a grant is awarded.					
Other funding sources being solicited for this program/project.			Amount Requested		mount Received
		1		,	
Signature Certification of Department Head and/or Chair		Signature Certification of Vice Chancellor or Executive Director			
Print Name		Print Name			
For BRCCF Use Only					
Date Received	Proposal Identification Number			Previous \$ Award	