

## ET PERRY CENTENNIAL CHAPTER GRANT APPLICATION FORM

Applicants are to provide the following information:

**Name of chapter:** \_\_\_\_\_

**Contact Information** for Primary Person for Grant Application:

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Area(s)** in which support is needed:

**Board Recruitment**

**Membership Recruitment**

**Publicity/Communication**

**Effective Fundraising**

**Team Building**

**Other** (please describe):

\_\_\_\_\_

**Narrative** to include descriptions of what issues the chapter would like to address, how much money the chapter is requesting, how the chapter plans to use the grant funds received and what outcomes are expected to be achieved. Please attach a narrative document to this application or fill-in below:

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**Any additional information** to support the application the chapter feels would be helpful to the Committee in considering the application. Please attach a document to this application or fill-in below:

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**Contact Information for Chapter President** (Only include if the chapter president is not the primary person listed above. To be used to confirm that the president acknowledges chapter's participation in activities related to an ET Perry Centennial Chapter Grant.)

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Please Check:**

- This application has been approved by the Chapter board.**
- Applicant certifies that the information on this application is accurate.**

**Signature of Primary Person for Grant Application:** \_\_\_\_\_

**Submit completed application** and all required documents to:

info@friendsofsdpl.org by December 31, 2023.