



VCAF SAMPLE Grant Application – With Descriptive Notes*

*Please note this is not the application form, but a description of what information to include in each field. The application form begins on page 3.

(Grant Maximum amount \$1000.00)

Contact Person and Title:

Affiliation (School, Organization, Agency):

Address, City, Zip:

Telephone Number/E-Mail Address:

Program Location:

Target Group:

Population Age Range:

Estimated Number of Participants:

Total Amount Requested: \$_____ (Minimum needed for project.)

Project Name: _____

Need Statement (100 words maximum)

Identify the need or issue that the project will address. Explain the impact of the need on the school/clients/community. Identify the target/recipient of project services. Provide statistical data for need, if available.

Project Description (500 words maximum)

Identify what is to be accomplished or what changes will occur. (Start your sentence with “The purpose of the project is to provide...” Then briefly describe the project.)

List the anticipated short term and long-term outcomes. What will change as a result of this counseling project? Outcomes are defined as the changes/benefits in skill, knowledge, behavior, attitude, condition, status, or awareness that participants experience as a result of professional counseling activities in a school, clinical, or community setting.

Project Summary (250 words maximum)

Briefly summarize your entire project. (This summary may be used in publications if selected.)

Grant funds will be used to: ___ Start new project, ___ Maintain existing project, or ___ Expand existing project.



Project Timeline

Use the table below to describe the activities/events required to meet your desired outcomes, including target dates.

Activity/Event

Target Completion Date

Project Evaluation (100 words maximum)

How will this project be evaluated? Explain what will be measured, who will do it, and what methods or instruments will be used. Describe how the results will be used to improve the project. A summary of results will be provided to the VCAF Board within 30 days of completion of the project and results may be published by VCAF as determined by the VCAF Board.

Project Funding (100 words maximum)

How will the VCAF funds be used? An **itemized list of expected expenses** must be attached to the completed grant application. A finalized list of expenses will be provided to the VCAF Board along with the summary of results report within 30 days of project completion.

We, the undersigned, authorize the submission of this grant application to VCAF and confirm that the information contained herein is accurate. **We agree to provide a summary of results and an itemized list of final expenses within 30 days of project completion.** We also agree that VCAF may publish the summary of results as determined by the VCAF Board.

Printed Name	Signature	Title/Position	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Director, Program Manager, Principal, or Supervisor: _____

Title: _____

Date: _____

Director's, Program Manager's, Principal's, or Supervisor's signature certifies that this project is approved and will be supported in its implementation.

I certify that the information that I am submitting electronically is accurate and that I have retained a copy of the VCAF grant application with original signatures as required.

VCA Member submitting application: _____ **Date:** _____

Note: Applications may be submitted electronically as attached Word documents, without signatures, but the VCA member submitting the proposal must keep a copy of the grant application with original signatures. VCAF reserves the right to require that a copy with signatures be mailed to VCAF upon request.

Complete the form below to submit your application:



VCAF Grant Application Submission Form
(Maximum amount \$1000.00)

Contact Person and Title:

Affiliation (School, Organization, Agency):

Address, City, Zip:

Telephone Number/E-Mail Address:

Program Location:

Target Group:

Population Age Range:

Estimated Number of Participants:

Total Amount Requested: \$ _____ (Minimum needed for project.)

Project Name:

Need Statement (100 words maximum)

Project Description (500 words maximum)

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_____	_____	_____	_____
_____	_____	_____	_____

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