



**Suzee Leone VCAAF Grant Application Submission Form**  
(Maximum amount \$1000.00)

**General Instructions: Please complete the information requested in each section. We have included specific instructions for some sections to clarify the requested information.**

**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:**

**Grant funds will be used to:**

\_\_\_ Start new project, \_\_\_ Maintain existing project, or \_\_\_ Expand existing project.

**Need Statement** (100 words maximum)

**Instructions:**

- 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)

**Instructions:**

- 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.



# PROPOSED DRAFT REVISION

## Project Summary (250 words maximum)

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

## Project Timeline

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

Activity/Event	Target Completion Date

## Project Evaluation (100 words maximum)

### **Instructions:**

- 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
- the results may be published by VCAF as determined by the VCAF Board.

## Project Funding (100 words maximum)

### **Use of Funds:**

1. An ***itemized list of expected expenses*** must be attached to the completed grant application.
2. 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.
3. We, the undersigned, authorize the submission of this grant application to VCAF and confirm that the information contained herein is accurate.
4. ***We understand that the Suzee Leone Grant Committee will request a summary of results and an itemized list of final expenses within 30 days of project completion.***
5. ***We further understand that failure to provide this information may result in a request for returned funds and/or ineligibility for future Suzee Leone Grant awards.***

We also agree that VCAF may publish the summary of results as determined by the VCAF Board.

Printed Name	Signature	Title/Position	Date

**PROPOSED DRAFT REVISION**



**Director, Program Manager, Principal, or Supervisor:**

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

**VCA Member submitting application:**

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

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.

**Note:** Applications may be submitted electronically 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.