



**DESCRIPTION OF FUNDING NEEDS**

Name of Activity/Project: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Human Resources Need: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated Benefit: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How benefit will be measured: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name to be printed on award check: \_\_\_\_\_

Mailing Address for award check: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_