|  |  |  |  |  |  |  |  |
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| **PROJECT TITLE:** | | | | | | **REGION:** | |
|  | | | | |  | | |
| CHAPTER/UNISERV/SCC: | | | | | PRESIDENT/CHAIR NAME: | | |
| ADDRESS: | | | PHONE: | | | | EMAIL: |
|  | | | | | | | |
| PCS/RUS/SCC STAFF CONSULTANT: | | | | OFFICE: | | | |
|  | | | | | | | |
| OTHER CTA STAFF INVOLVED: | | | | | | | |
| AREA CTA BOARD MEMBER: | | | AREA NEA BOARD MEMBER: | | | | |
|  | | | | | | | |
| 1. | Project Overview: | | | | | | |
|  |  | | | | | | |
| 2. | Desired goals or outcomes of the project: | | | | | | |
|  |  | | | | | | |
| 3. | List the resources that will be required, including personnel, release time and travel: | | | | | | |
|  |  | | | | | | |
| 4. | Describe monitoring and evaluation procedures for the project: | | | | | | |
|  |  | | | | | | |
| 5. | What period of time (within this fiscal year) will this grant cover? | | | | | | |
|  |  | | | | | | |
| 6. | Community Engagement Grant monies are available to establish engagement projects. Continued funding for such projects should become a regular budget allocation from the applying entity. | | | | | | |
| (a) | Are any community-based organizations going to participate in the project?  Yes  No | | | | | |
|  | If yes, specify: | | | | | |
| (b) | How does the chapter(s), Service Center Council, or UniServ unit plan to sustain this community engagement effort? | | | | | |
|  |  | | | | | |
| (c) | What will be the source of funds for this or other community outreach projects for the following years? | | | | | |
|  |  | | | | | |
| 7. | Additional Comments: | | | | | | |

**⏵ Community Engagement Grants are to be submitted for approval and funding on an annual basis. ⏴**

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| **SIGNATURES:** | |
| APPROVAL:  Chapter President / SCC Chair | DATE: |
| APPROVAL:  Primary Contact Staff / SCC Staff Consultant | DATE: |
| APPROVAL:  Regional Management | DATE: |