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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:       |
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| 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:       |