

**Chabot-Las Positas Association of Retired Employees
CARE Fund Special Projects Grant Program
2017-2018 Application Form**

Please mail completed form to:

CARE Grants, c/o Bill Threlfall
11 Woodside Glen Court
Oakland, CA 94602

Deadline: November 13, 2017

Award announcement: December 1, 2017

Applicant Information

Name _____ Site: Chabot LPC District Office

Campus e-mail address _____ Campus phone number _____
(or home phone if no campus phone is available)

Division or Department _____ Name of Dean/Mgr/Supervisor _____

Project Information

Name of project _____

Amount of grant requested (see [guidelines](#)) _____ Expected completion date for project _____

Who will be responsible for completion of the project? _____

Description – Provide a brief overview of project plan:

Outcome – Clearly state the outcome to be attained by the project. Be specific.

Budget – Expenditures must conform to this budget. Total budget should equal award request.
List each planned expenditure, showing: \$ amount, payee, item description.
Example: \$56 to AcroScientific for laser pointer (Provide additional narrative if desired.)

Benefits – Please briefly explain how the project will **improve service to the colleges** in your area of work responsibility.
Describe what problem the project will solve, and how long the benefits will last. Be Specific.

Agreements: I agree to complete the project as described above and then provide a one-paragraph outcome report including a digital photograph to CARE. (due: June 20, 2018 or by the above completion date.)

I understand that grants will be payable to the College/District and grant purchases will become CLPCCD property.

Applicant's Signature _____ Date _____

I agree to provide fiscal oversight:
Dean/Mgr/Supervisor's Signature _____ Date _____