

**Chabot-Las Positas Association of Retired Employees  
CARE Fund Special Projects Grant Program  
2024-2025 Application Form**

**Please mail completed form to:**  
CARE Grants, c/o Bill Threlfall  
11 Woodside Glen Court  
Oakland, CA 94602

**Deadline: November 12, 2024**  
Award announcement: December 2, 2024

**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? \_\_\_\_\_

Project Plan – Briefly tell us what you plan to do:

Outcome – What will be the result? Be brief and specific.

Budget – Tell us what you want to buy: (supplies, apparatus, or services - See [guidelines](#)).

| Vendor (supplier) | Item Description (Model # etc.) | Qty | Unit price | Tax | Shipping | Line Total \$ |
|-------------------|---------------------------------|-----|------------|-----|----------|---------------|
|                   |                                 |     |            |     |          |               |
|                   |                                 |     |            |     |          |               |
|                   |                                 |     |            |     |          |               |

Optional budget notes: \_\_\_\_\_ Budget Total: \_\_\_\_\_

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 or video to CARE. (report due: May 16, 2025 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 \_\_\_\_\_