



GRANT APPLICATION TO START PROJECT CARING NEIGHBOR (PCN)

Date: _____

Name of School: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Principal: _____ Phone: _____

Name of PCN Coordinator: _____ Phone: _____

PCN GENERAL DESCRIPTION (attach additional pages as needed)

ACTION PLAN (Include beginning/ending date, goal, specific steps to meet stated goal, meeting schedule, timetable and how the grant money will be spent)

FINAL NEWSPAPER REPORT (Include the name of the community newspaper to which a news article will be submitted and the target date of release)

FINAL EVALUATION REPORT (Include a due date for the report)

Grantee agrees to submit the news and evaluation reports to the CNF within a month after the grant period.

Print Name : _____

(signature) : _____

Send to: THE CARING NEIGHBOR FOUNDATION, P.O. Box 80615, Lansing, MI 48908