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WOMEN’S CAMPUS SAFETY GRANT 2016-2017

#  APPLICATION

Fully completed applications must be submitted by noon Friday, January 13, 2017 to be considered for funding.

 Main Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Department/Unit/Group/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Campus Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Type of Proposal:
	* Findings from a safety audit
	* Education and information
	* Safety/security related equipment

1. Project proposal including relevant background.

1. What are the expected outcomes of this proposal?
	* Include target audience; #’s expected to participate, expected impacts/benefits/changes for participants during or after your project.

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1. Provide short biographies of key participants eg. speakers/presenters (if applicable)
2. Budget information:

Please provide an itemized budget or price list.

Salary costs are not eligible for funding.

1. Have you requested funds from any other sources?

Yes No 

If Yes, was funding approved?

 Yes  No  Pending 

• Please provide particulars:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Provide start and end dates of your project; include a timeline. Note: all projects must be completed by April 30, 2016
2. Have you received funding from the Women’s Campus Safety Grant in the past? Yes No

1. Will this proposal proceed if partial funding is provided?

 Yes No

\*no funding will be provided until projects are completed and status report/financial receipts are submitted.