FSA GRANT REQUEST FORM

Jefferson COMMUNITY COLLEGE

Date: _____

Part I: Organization Information

Name of organization requesting the grant: _____

Contact person for the project/organization: _____

Email and/or phone number for contact person: _____

Part II: Project Information

Description or purpose of project: _____

_____

_____

_____

_____

Please explain how this project will be of lasting benefit to the campus community: _____

_____

_____

_____

_____

How many students will attend or participate? _____

Part III: Grant Information

Amount requested: _____

Are funds available from your organization for this project? ○ Yes ○ No

If yes, how much? _____

Are there other sources of funding available for this project? ○ Yes ○ No

Details of project costs: _____

_____

_____

_____

Please submit this form and any supporting documents to:
Faculty Student Association of JCC
1220 Coffeen St
Watertown, NY 13601
TEL: 315-786-6583
FAX: 315-786-2349
fsa@sunyjefferson.edu