

For Foundation Use ONLY	Application Received Date _____
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Xi State Vision Foundation



Project (Grant) Application Form

Title of the Proposed Project:

Project Director--
Name:
E-mail address:
Street Address

City, State, Zip Code:
Telephone (include area code):
Fax Number (include area code):
Chapter Name:

Description of the Project (including location):

Justification of Need:

Funding Request Rationale: (List detailed budget of proposed expenditures. Salaries and

overhead costs will not be funded.)

Indicate the Goals and Objectives of this Project: (Please refer to the Purposes of the Xi State Vision Foundation provided on the cover letter and the application guidelines. Be specific when connecting your project to these Purposes.)

Number & age level of individuals who will be served by this project:

Evaluation of the Project: (Include specific methods to be used for evaluating this project and specific outcomes to be achieved.)

List other sources and amounts of financial support currently being received for this project.

<p>Will you participate in this activity whether you receive this funding amount or not? ___ Yes ___ No</p>	<p>Would you be willing to give a workshop at Xi State the following year? ___ Yes ___ No</p>
<p><i>NOTE: A record of your experiences must be submitted to the Chairman of the Selection Committee of the Xi State Vision Foundation within one year of receiving the funding.</i></p>	
<p align="center">Submit this application (<u>preferably by email</u>) to the <u>Xi State Vision Foundation</u>. Application documents must be dated by <u>December 31</u>.</p>	
<p>Send to: Dee Dee Rives rivesdd@bellsouth.net 934 Bear Creek Road Pinson TN 38366-1956</p>	