



Due by: March 19, 2018

Date: _____

Requesting school and department: _____

Contact person and phone number: _____

Project: _____

Amount requested: _____

Project timeline: _____

How many students will be impacted by this grant? _____

On a separate page, please provide the following information:

- Project description
- Project goals and objectives
- How and when you will evaluate the effectiveness of this project
- Project budget
- If you do not receive this grant, how will the project be funded?
- Will this project impact any other departments? Please describe.

Please send to: Jill Everson, Spring Fever Chase, PO Box 7295, Spanish Fort, AL 36577, email jill.everson@infirmarhealth.org or by fax 251-928-8460

For questions, call 251-279-1730