LONG BEACH CITY COLLEGE FOUNDATION
FOUNDATION GRANT APPLICATION
FOR FISCAL YEAR July 1, 2013 to June 30, 2014
APPLICATION DEADLINE IS FRIDAY, March 15, 2013 (12 Noon)

Note: Only one application per department/area will be accepted!

Each application must be typed, signed and submitted with the original and 15 copies (back to back). (If you received a grant last year, you must complete and submit a project evaluation in order to be considered for a grant this year).

I. PROJECT TITLE:

II. PROJECT DESCRIPTION: (Describe how the Foundation Grant will be consistent with the college mission.)

III. POPULATION SERVED: (Explain how this project will enhance the quality of instruction, student services and/or administrative services.)

IV. PROJECT JUSTIFICATION: (Describe why you think this project should be supported by the Foundation and how this project will promote and enhance Long Beach City College’s reputation in the community and/or statewide.)

V. PROJECT SCHEDULE:

<table>
<thead>
<tr>
<th>MONTH/yr</th>
<th>ACTIVITY</th>
<th>FUNDS REQUIRED</th>
</tr>
</thead>
</table>
VI. Will you be receiving Matching Funds? ______ YES ______ NO

(Note: Matching Funds are calculated on a ratio of 1:1, up to $1,000 matched by Foundation.)

VII. BUDGET DETAIL: (Indicate the appropriate budget category and then fill in the amount of funds you are requesting for that category. The committee will not consider any requests for projects in excess of $1,000.)

<table>
<thead>
<tr>
<th>BUDGET CATEGORY (Detailed)</th>
<th>PROJECT COSTS</th>
<th>FOUNDATION FUNDS</th>
<th>MATCHING FUNDS</th>
<th>TOTAL</th>
</tr>
</thead>
</table>

TOTALS:

(*NOTE: Authorizing signature for matching funds is required below in IX, 2 below)

If funds are included for personnel, please complete the following information:

<table>
<thead>
<tr>
<th>NAME</th>
<th>SOCIAL SECURITY #</th>
<th>AMOUNT</th>
</tr>
</thead>
</table>

VIII. PROJECT MANAGER:

NAME:

DEPARTMENT/PHONE EXTENSION:

CAMPUS ADDRESS: MAIL CODE
IX. AUTHORIZATIONS:

1. ____________________________ Department Head
2. ____________________________ Appropriate Dean
3. ____________________________ Matching Funds Authorization

X. ADDENDA: YOU MAY ATTACH OTHER SUPPORTING MATERIALS TO YOUR APPLICATION TO FURTHER EXPLAIN YOUR PROJECT.