

3. Event Overview: Describe the proposed program. In your description please include an impact statement, which explains who will benefit from your program.

4. Timeframe: Please provide a timeframe/timeline for your program.

5. Financial Costs: What is the estimated cost for this program? Please justify the need for the grant. Provide an itemized budget including any other funding sources and any quotes you have received to support your budget.

6. Your target audience: Who/what is your target audience for this program?

7. Evaluation: How will you measure/assess the success and impact of your program (e.g. number of participants, media coverage etc.)?

8. Previous track record: Outline the relevance of this program to your Chapter. Is this a new or existing program?

9. Further information for the Grant Committee's consideration. Is there anything additional you'd like to convey to the Grant Committee?

10. Community Partner Information (if applicable): Provide individual contact(s) information (Name of Company, Name of Point of Contact (POC), Phone (Best number to reach), Email, Business Address).

FUNDING AGREEMENT

In accordance with the requirement that all funds provided by the Phi Beta Sigma Fraternity Inc., Eastern Region Board are expended on activities which further its mission for Social Action, the chapter agrees that as a condition of accepting the grant funding from the Phi Beta Sigma Fraternity Inc., Eastern Region Board, the chapter will provide to the Eastern Region Social Action Director 30 days following the program:

1. A copy of the Program Implementation Assessment (P.I.A) for the program;
2. Actions photos from the program;
3. Final itemized budget summary (including all receipts) outlining how the money was used;
4. Remit any excess funds to the Region.

Certified by: _____ (NAME)

_____ (POSITION)

_____ (SIGNATURE)

_____ (DATE)

_____ (NAME)

_____ (POSITION)

_____ (SIGNATURE)

_____ (DATE)