

George H.W. Bush Vamos A Pescar™ Education Fund Grant Application

			Аррііс	cant informa	ation		
Organization	ı						
Name:							
Employer Identification Number (EIN):							
Please attach a copy of your organization's 501(c)(3) determination letter (if appropriate).							
Address:							
	Street Add	dress					Suite/Unit #
	00017.100						Ganto, Grint II
.	City			147 1 1		State	ZIP Code
Phone:				Website: _			
Program Contact:				Т	itle:		
Contact	First		Last				
Address (If	Street Add	drass					Suite/Unit #
different		11000					Gane, Grin #
from above)	City					State	ZIP Code
Phone:	Oity			Contact		Giaio	211 0000
				Email: _			
Executive S	ummary						
of Program t	to						
Receive Gra	ınt						
Funding							

Executive Summ	ary,						
Continued							
			Program Deta	ails	Dropood		
Activity #1 Title:					Proposed Date(s):		
Estimated Number of					Expected Duration		
Participants:	Yout	h	Adults		(Hours):		
Activity #1 Descr	iptior	າ:					
	1					I	
Activity #2 Title:					Proposed Date(s):		
Estimated Number of					Expected Duration		
Participants:	Yout	h	Adults		(Hours):		
Activity #2 Descr	iptior	n:					

1			Droposed			
Activity #3 Title:			Proposed Date(s):			
Estimated			Expected			
Number of			Duration			
	outh	Adults	(Hours):			
			i i			
Activity #3 Descrip	tion:					
Please continue adding activities on a separate page, if necessary.						
		Demographic	5			
Ethnic Groups Served: Please detail your program's expected participant demographics. Enter whole numbers only, total must equal 100%.						
African Amer	ican					
American Ind	lian					
Asian						
Caucasian						
Hispanic						
Multicultural						
Other						
		Cools 9 Evaluat	e n	_		
Please list three g	oole 1	Goals & Evaluat	1011			
for your program:						
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Please provide	3					
evaluation plan de	3					
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evaluation plan de for evaluating the success in achievi these goals: Please provide de regarding plans to follow-up with	atails					

	Budget		
Requested Grant Amount:	TOTAL:	\$	
Personnel		\$	
Fringe Benefits		\$	
Travel		\$	
Equipment		\$	
Supplies		\$	
Contractual		\$	
Construction		\$	
If Yes, please list other funding	Source		Amount
If Yes, please list other funding sources and amounts:	1.		\$
	2.		\$
	3.		\$ \$
	4. 5.		\$
			P
	Disclaimer and Signature		
I certify that my answers are tr	rue and complete to the best of my knowledge.		
Signature:		Date:_	
Name:	Title:		