

**Catskill Watershed Corp. Public Education Program
Grant Application, Round 10**

Cover Page

App. # _____

Please print or type all information

Project Title *(Does this project include a Special Program Option? _____ Which? _____)*

Project Director or Contact Person

Applicant/Organization Legal Name

Tax ID Number

Non-profit organization? School? (If NYC school, what Region? ____)

Address

City

State

Zip Code

County

Telephone #

Fax #

E-mail

Name, Head Administrator of Applicant Organization

Signature, Head Administrator

Name, Coordinating Teacher (School applicants only)

Signature, Coordinating Teacher

Amount requested

Who is/are Target Audience(s)?

In what county(ies)?

Affected: Direct Indirect

Have you received CWC Education funding before? Yes No

What Watershed/Environmental Professional Development program(s) have you attended in the past 2 years?

Please describe the proposed program or project in one sentence. If granted, the requested funds will be used to

Name of Collaborating organization(s)

Contact Person

Telephone #

(Letters of commitment are required from each collaborating organization)

Estimated Dates for Starting and Completing the Project: _____

CWC Public Education Program

Amt. Requested _____

Grant Application, Round 10

Application # _____

Abstract Page

Please print or type all information

Applicant Organization: _____

Project Title _____

Special Option? Which? _____

Contact Person: _____

Telephone #: _____

E-mail: _____

Please write an abstract that summarizes your program or project within this space. Applicants seeking more than \$2,000 should include 2-4 pages of detailed Project Description in addition to this page. Those seeking \$2,000 or less, or those applying for funding for Special Program Options only, should confine their program description to this page.