**Upsilon Chapter, Delta Kappa Gamma**

**Book Sale Grant Application**

To All Grant Applicants:

Please provide for consideration the information requested and submit the application electronically or mail the written form postmarked by March 6, 2020.

Those who have applied or received funds in the past must complete this year’s grant application if they wish to be considered.

All organizations, agencies or individuals receiving funding from a book sale grant must expend grant monies to benefit Laramie County ONLY. We do not fund churches. Our funds must be used for educational purposes and/or programming. We do not make capital investments.

Organizations, agencies or individuals receiving grant monies from Upsilon Chapter of Delta Kappa Gamma of Cheyenne must enter into a signed agreement that requires a concise written report confirming completion of the project and a full accounting of expenditures. This report should be received by Upsilon Chapter no later than one year from the issue of funds. All monies granted must be spent to benefit the specific project or program presented to the chapter. Any unused monies shall be returned to the book sale grant committee for further consideration.

Funds will be distributed after committee recommendations are approved by the general membership of Upsilon Chapter of Delta Kappa Gamma of Cheyenne. Monies will be awarded April 20, 2020.

If you have questions, please contact me at 307-631-6039 or leiljames@gmail.com.

Thank you for your interest.

Camellia El-Antably, Grant Committee Chairperson

**2020 Upsilon Chapter, Delta Kappa Gamma**

**Grant Application**

Explanation: Grant monies from Upsilon Chapter Used Book Sale are to be used by the applicant/organization **exclusively for Educational Purposes and/or Programming. For example, we will not provide funds for bookshelves, but we will consider a request for books!**

Responses should be concise and specific. Do not assume that the reader(s) have any prior knowledge of the program. **Applications are due by March 6, 2020.**

Applicant/Organization Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Briefly describe the Program or Project for which Funds are requested.** (Attach an additional page if more space is needed). Be specific about the activities and the expected outcomes.

**When and where** will this project be implemented and completed? Provide specific dates, if available.

**Who and how many will benefit** from this Project or Program? Briefly describe any efforts you will make to reach new populations.

**Provide a specific breakdown of items and costs, in order of preference**, to be considered, along with a total. The total should be the grant amount requested. Note that awards depend on funds available, and we may award partial amounts. (Attach additional page if necessary)

How will you **evaluate the program’s success?**

Is there **additional information** about these plans or your organization that would help make our decision? (Attach additional page if necessary)

**After completing this application**, please return it to:

Upsilon Chapter, Delta Kappa Gamma

Camellia El-Antably

314 E 1st Ave

Cheyenne WY 82001

[leiljames@gmail.com](about:blank)

**Deadline: March 6, 2020.** Applications may be submitted by email or by mail (postmarked March 6).

**If funding is granted** I/we agree to provide a concise written report confirming completion of the project and a full accounting of expenditures to Upsilon Chapter of Delta Kappa Gamma by April 30, 2021. Having read and understood the requirements of this application and verifying all statements are true to the best of my/our knowledge I/we submit this application for review by the Book Sale Grant Committee of Upsilon Chapter of Delta Kappa Gamma.

Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_