

## Grant Funding Proposal

Name (Please Print): \_\_\_\_\_ Application Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Organization: \_\_\_\_\_  
 AARC Membership Number: \_\_\_\_\_

**Proposal Summary** (Please give a brief description of the project that you seek funding for)

**Goals** (Please give a brief description of your project goals)

**Information Sharing** (Describe presentation format, e.g. conference talk, etc)

**Work Plan and Budget** (Please give a brief description of resources needed and cost. May attach an itemized sheet)

Item	Cost	

**Category** (Please check the grant that you are applying for)

- Humanitarian/Community     Patient Education  
 Research                                 Dissemination

Project Date: \_\_\_\_\_  
 Amount Requested: \_\_\_\_\_

**Agreement:**

I certify that to the best of my knowledge all information included in this proposal is correct. If a grant is awarded to this person or organization, then the proceeds from that grant will not be distributed or used to benefit any organization or individual supporting or engaging in unlawful activities.

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Please email the completed form to: [CSRC.membership@gmail.com](mailto:CSRC.membership@gmail.com)