California School for the Blind Education Foundation (CSBEF) Application

CSBEF is a non-profit organization created to assist and support programs and activities at CSB that will advance the education of CSB students. Applicants must be CSB staff members; funds will be granted only with documentation from a current CSB administrator that sources of State support have been considered and are not available.

Please complete the following application with administrator certification, any appropriate documentation, and signatures. Send online to educationfoundationatCSB@gmail.com.

Name:	CSB Position: CSB Administrator:
Email/Phone:	
Purpose of Grant:	
Benefit to Your Program/Professional Development:	
Amount Reques	ted: Payable to: Address:
Administrator Questions: 1. What other funding sources have been considered/pursued? 2. Why can this not be supported through State funding?	
Administrator Certification:	Please initial your agreement to each of the following: a) This grant will provide benefit to the CSB community b) These funds are not otherwise available through State money c) I have reviewed this application and agree
Administrator Signature: Date:	
Applicant Certification:	Please initial your agreement to each of the following: a) The above information is correct b) I have attached documentation (receipts, etc.), if available c) I will provide additional information or verification upon request d) All grant funds will be used for the purposes stated
Applicant Signature: Date:	
Outcome/Decision: Directors in favor (requires 2/3): Applicant notified/reason/date, if rejected: Check #/Date:	