

SFSS GRANT PROGRAM PROPOSAL FORM

1. PROPONENT INFORMATION

First Name: _____
Last Name: _____
Email: _____
Telephone: _____
Student Number (if applicable): _____
Affiliate SFSS Group or External
Organization: _____
Proposal Title _____

2. PROJECT

Please describe the goals and objectives of your project.

Please describe the key activities that will be undertaken in the context of your project. Include the expected dates, times, and locations for these activities.

List the SFSS groups or external organizations with whom you will partner (if any). Describe what contribution each group will make to the project.

3. OUTCOMES

3.1 How does your project aim to forward the mission and vision of the SFSS? Be specific.

3.2 How will you measure whether your project is successful?

4. DESCRIPTION OF IMPACT ON SFSS MEMBERSHIP

4.1 Describe the impact you envision this project will have in the short and long term.

5. SUPPORTING DOCUMENTATION

5.1 Please provide a list of the supporting documents you will submit along with your proposal.

PROPONENT SIGNATURE

<p>The information I have provided is complete and accurate to the best of my knowledge. I understand that incomplete, inaccurate, or unclear information may delay the processing or lead to the rejection of this proposal submission.</p>	
Date	
Printed Name	
Signature	

For Office Use Only

Proposal Reference Number	
Date Received	
Received By (Print Name)	
Received By (Signature)	