



College Access Challenge Grant - Fiscal Year 2011

1. LEAD APPLICANT INFORMATION

INSTITUTION/ORGANIZATION NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

AUTHORIZED OFFICIAL INFORMATION

NAME:

TITLE:

PHONE:

EMAIL:

FAX:

2. PROPOSAL INFORMATION

TITLE OF PROPOSAL:

3. PROJECT BUDGET

FEDERAL FUNDS REQUESTED:

PROJECTED MATCH:

4. COLLABORATING INSTITUTIONS AND ORGANIZATIONS (IF APPLICABLE)

5. CERTIFICATION AND ENDORSEMENT

The signature of the lead applicant's President, Chief Executive Officer or Executive Director certifies that the information contained in this proposal is accurate and, further, the institution/organization endorses the objectives of the College Access Challenge Grant Program by agreeing to make the specific investments and carry out the specific project(s) outlined in the attached proposal. The signature confirms that the institution/organization endorses the goals of the project and agrees to support its share of the expenses as outlined in the proposal.

Authorized Official:

Signature: _____

Date: _____