**LaunchNW Rural Post-High School Education**

**APPLICATION QUESTIONS**

**Applicant Information**

School District Name:

Street Address:

City:

State:

Zip Code:

County

**Application Contact**

First Name:

Last Name:

Title:

Email:

Phone:

**Request:**

How much are you requesting ($500 - $50,000)

Please describe in 2 – 3 sentences what you are proposing to accomplish with this proposed program

**Project Overview:**

Describe in detail the program you will implement with this grant funding. Include key activities that will take place during the grant period (January 9 – August 31, 2025) and a general timeline of activities. (250 words)

This grant requires collaboration with at least two community partner organizations. Please list your partner organizations and briefly describe the role they will play.

**Partner Organization #1**

Name

Contact Person

Contact email

Contact phone

Role:

**Partner Organization #2**

Name

Contact Person

Contact email

Contact phone

Role:

**Uploads:**

**Budget**

Please use the budget template to show the total expenses of your proposed project; all sources of funding (including the amount you are requesting in this proposal), and where the funds from this grant will be applied. [**Download the Budget Template here**](https://launchnw.my.salesforce.com/sfc/p/#Hs000001ShaX/a/UI000000xJTF/MUfskICTFPC_3cCgM05.Wd9rFV8pJIfcIgilEEccqY8)**.**

**Additional Information:**

Is there any additional information you would like to share about your project that was not addressed in the previous questions?