



MARCH OF DIMES MISSION LIFT GRANT APPLICATION FORM



Contact Information

Chapter Name: _____ Chapter Number: _____

Mailing Address: _____

City/State/Zip: _____

Contact Name: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Contact E-mail: _____ Contact Fax: (____) _____

Current Membership: FBLA PBL

Mission LIFT Involvement. Briefly describe your chapter’s Mission LIFT involvement, including the school year and a brief description of fund-raising and/or education activities.

Grant Proposal Overview. Briefly describe your chapter’s proposed project.

Funds Requested. \$ _____

Please submit five (5) copies of the Mission LIFT Grant Application Form and a proposal, no more than three pages in length, that clearly states the following information:

- Name and address of local or state chapter.
- Contact person, telephone, fax number, and e-mail address.
- A description of the project, including objectives, needs that will be addressed, target audience to be impacted by the project, activities to be undertaken, expected outcomes, and a project timeline.
- A detailed project budget, including other sources of funding.
- Plans for evaluating results, sharing lessons learned, and examples of how the project might be replicated with the rest of the FBLA-PBL association.
- Grant recipients will be required to report the outcome of their project in the form of a workshop, article, or project that can be reproduced and shared with other chapters, states, and the March of Dimes by April 1 of the following year.

All materials should be submitted in a single file folder, labeled with the name of the school and/or state chapter, adviser, and adviser’s daytime phone number.

Send completed materials postmarked by no later than January 15 to:

Mission LIFT Grant Proposals
FBLA-PBL, Inc.
1912 Association Drive
Reston, VA 20191-1591

<p>Official Use Only: Received: _____ Reviewed by: _____ Outcome: _____</p>
