



Foundation Board Faculty/Staff Activity Grant

APPLICATION FORM

Name of faculty/staff member applying for grant: _____

Campus/site address: _____

Phone contact: _____ Email: _____

Application date: _____ Event date: _____ Date funds are needed: _____

Division/Department receiving the funds: _____ Event location: _____

How will the Foundation's donation be recognized? _____

Explain the purpose of the request including breakdown of how funds will be spent and an explanation of how funds will benefit students. Please use 12pt font and only this one page. Budgets may be submitted separately. (See [Faculty/Staff Activity "Application Guidelines."](#))

Signature of faculty/staff requesting funds

Approval signature of supervisor

Submit this completed form with signatures via email to: Lee Gaffney, Coordinator, Office of Institutional Advancement, 615 City Park Ave., New Orleans, LA 70119. Email lgaffn@dcc.edu for more information.