

WAHPERD GRANT PROPOSAL COVER SHEET

Funding Cycle: February 1st

Today's Date: _____

TITLE OF PROJECT	
CONTACT PERSON	
PHONE NUMBER	
EMAIL ADDRESS	
SCHOOL/DISTRICT/ ORGANIZATION	
ADDRESS	
CITY, STATE, ZIP	

CONTACT PERSON

Are you a current WAHPERD member? (circle) YES NO

Have you previously received WAHPERD Grant funding? (circle) YES NO

If so, when/title of project? _____

Have you previously received PEP Grant funding? (circle) YES NO

If so, when/title of project? _____

OTHER PERSONNEL INVOLVED WITH PROPOSED PROJECT (use back side if necessary)	
Name	Title

SIGNATURES

Meeting minimal guidelines does not guarantee funding. Funding will be provided only to applicants whose projects are consistent with the WAHPERD mission and deemed high quality relative to other competing proposals. If chosen for funding, the applicant will abide by all WAHPERD guidelines rules and regulations.

I have read and understand the statements above. _____
(Applicant's Signature)

I certify that the information in this proposal is true and complete to the best of my knowledge. I understand that inaccurate information may negatively affect the review of this proposal.

(Applicants Signature)

(Date)