



**Baltimore Collegetown LeaderShape
2019 Grant Application**

Student Information

Name:

College:

LeaderShape Class:

Phone:

Email:

Project Information

Project Title:

Name of Organization:

Name of Contact:

Address:

Phone:

Email:

Campus Liaison Sponsorship

Campus Liaison Name:

Phone:

Email:

Description of Project

250 words or less

Estimated Project Implementation Timeline

List your action plan timeline for this project

Income of Proposed Budget

List expected revenue for the project (if any) including sources and amounts.

Expenses of Proposed Budget

Provide an itemized list of the expected expenses by expenditure type that will be charged to this grant.

TOTAL AMOUNT REQUESTED:

Signature of Student – Date

Signature of Campus Liaison – Date

Signature of Community Organization Representative - Date