Nurturing Families Network
Creative Incentive Grant Application

Date of Application: _____

Name of Program: _____

Address of Program: _____

Phone: _____ Fax: _____

Please describe your innovative idea and/or your creative project *(using the following format, including an estimated budget):*

Name of Project:

_____

Goal(s):

_____

_____

Objective(s):

_____

_____

Expected Outcome(s):

_____

_____

_____

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_____

Maximum Grant = $250

_____

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_____

Estimated budget attached: Yes _____ No _____

Targeted Audience: Adults _____ Children _____ Individuals with special needs _____

Does this project work best with a specific age group? Yes ___ No ___ If so, what age? ____

Can this project/product be duplicated? Yes ____ No ____

Estimated cost to duplicate this project: _____

Who is the author(s) of this creative idea/project? _____

_____

Application submitted: _____

Name of person Title Date

Signature of Program Manager indicates that you have seen this grant request.

_____ _____

Program Manager Date

Maximum Grant = $250