KIDS CuddleKit Closet : KIDS Helping Kids Project Application

PROJECT TITLE: _____

AMOUNT REQUESTED: $_____   How many people Needed/Involved with Project: ____

Description of what the project outcome will be:

_____

_____

Describe in 2 or 3 sentences what you will do with the funds:

_____

_____

When will this project start: _____ Duration: _____

Please describe the program in detail. Define need in community, the activities you will undertake, the population served, and provide timeline of events as appropriate:

_____

_____

_____

_____

Coordinator Name_____

Address _____

Phone _____E-mail _____

Age:_____   **Grade:** _____   **Birthdate:** _____

School: _____

Please tell us anything else you'd like to share.

_____

_____

Applicant Signature: _____

Parent/Teacher/Leader Signature: _____

Thank you very much for applying!

www.cuddlekit.org