

IMPACT Fund Grant Application

The IMPACT Fund was designed by the National Executive Council to advance and modernize FCCLA and Family and Consumer Sciences by providing opportunities for members to take action, and to perpetuate a legacy that exemplifies our mission, purposes and initiatives. Funds will be used to grant chapters financial resources for individual and chapter use as well as support initiatives of the National Executive Council. The IMPACT Fund is supported by members, supporters, and partners of Family, Career and Community Leaders of America.

Before you fill out the application, be sure to read through all of the key guidelines regarding the IMPACT Fund!

- Determine how the plan will be carried out and why the national officers should support your application. The FCCLA Planning Process Sheet is a great tool for creating a complete, well-thought-out plan of action.
- Grant applications for consideration in the 2015-2016 school year will be accepted until May 1, 2016. If approved, recipient will be notified within 30 days.
- Applications for funds will be reviewed by the current National Executive Council. Those with the strongest potential to make an impact for a student, school, community and/or state will be awarded funds as available.
- All IMPACT Fund recipients will be required to submit a report on how funds were used, the impact of the financial support, and photos and/or videos. The reflection is a requirement of receiving funds and failure to complete may result in the disqualification of future funding to the individual or chapter.
- All grant recipients must submit all reflection requirements by the beginning of the next fiscal year.

Proposal Checklist:

_____ Application
_____ Project Summary Page
_____ Signed IMPACT Fund Agreement

If you are interested in seeking additional information please contact FCCLA Communications Director at (703)476-4900.

Investment in Members & Partnerships and Assistance for Chapters and Teachers

Date of Application: _____

Name of Organization/School: _____

Administrator: _____

Contact Person/Title : _____

Email: _____

Organization/ Website: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Project Name: _____

Beginning and Ending Project Dates: _____

Amount Requested: \$_____ Total Project Cost: \$_____

Are you a member or adviser of an affiliated FCCLA chapter? ____ Yes ____ No

Will your request be entirely funded by the IMPACT Fund? _____

Is there any other financing that might be undertaken in addition to submitting this application?

We certify to the best of our knowledge that all information included in this application is correct.

Administration/State Adviser Signature: _____

Local Adviser Signature: _____

FCCLA Officer Signature: _____

Project Summary



Project Summary word count may be no less than 250 words and no more than 600