



Co-Ex Grant Application

Applications are reviewed monthly (except July) and must be received by the end of the month to be considered at the next meeting.

***This form must be completed with required signatures, scanned and uploaded with your application for consideration.**

Grant Activity: _____

The Requesting Organization agrees to provide documentation of the grant activity and service project and authorizes the South Bend Alumni Association to use written reflections, quotes, photographs, or other representations of said service project or funded activity in SBAA publications.

Name of Applicant(s) _____

Signature of Applicant(s) _____

Lead: _____

LEAD Applicant Email Address: _____

School(s) _____ Organization: _____

Grade(s) _____

Amount of Grant Request \$ _____

Implementation dates: _____

Direct Supervisor (AD, DC, Principal, Etc.) Name: _____

Direct Supervisor Signature: _____ Date: _____

Principal Name: _____

Signature of Principal: _____ Date: _____