Chabot-Las Positas Association of Retired Employees CARE Fund Special Projects Grant Program

2025-2026 Application Form

Application Deadline: Friday 7 November 2025 Award announcement: Monday December 1, 2025

Applicant Information							
Name Diana N. Kle	einschmidt	Site: Chat	oot 💽 LP		strict Offic	e	
Campus e-mail address	Campus phone number x1153						
Division or Department E	(or home phone if no campus phone is available) Name of Dean/Mgr/Supervisor Frances Hui						
	ease take a moment to look at gran						
Name of project Leather Patch Repair Kit for Worn Out Library Furniture Requested \$ 500.0						00_	
Who will be responsible for completion of the project? Diana N. Kleinschmidt Project Plan – Briefly tell us what you plan to do: I would like to use the leather patch repair tape for both our green and blue furniture. The furniture is used every day, all day, and has been worn thru. There are cracks on the surface which is jagged and cuts in to the users legs. Very uncomfortable when you sit on it.							
Outcome – What will be the result? Be brief and specific.							
The outcome would be cleaner looking, repaired furniture seating.							
Budget - Tell us what yo Vendor (supplier) Amazon Amazon	u want to buy: (Supplies, Apparal Item Description (Model # etc.) Royal Blue Leather Yellow Green	Qty 10 10	Unit price \$ 22.99 \$ 22.99	tidelines for Tax \$ 23.56 \$ 23.56	Shipping \$ 0.00 \$ 0.00	Line Total \$ \$ 253.46 \$ 253.46	
Optional budget notes:				Budge	t Total:	\$ 512.92	
Benefits - Please briefly explain how the project will <i>improve service to the colleges</i> in your area of work responsibility. Describe what problem the project will solve, and how long the benefits will last. Be specific. Students will feel more comfortable working in the library. Happy students, better grades.							
Agreements: I agree to complete the project as described above and then provide a one-paragraph outcome report including a digital photograph or video to CARE. (Report due: May 15, 2026 or by the above completion date.)							
I understand that grants will be payable to the College/District and grant purchases will become CLPCCD property.							
Type your name as your signature: Diana N. Kleinschmidt				Date1′			
Please have your Dean/Area Manager/Supervisor "e-sign" as well (or they may email their agreement separately to shildreth@chabotcollege.edu. You will be emailed when this is received!)							
I agree to provide fiscal or Dean/Mgr/Supervisor's Si	versight: gnature			_{Date} 1	1/5/25		

Please complete the form, then "Print" and "Save as PDF" and email it as an attachment to shildreth@chabotcollege.edu

All submissions will be acknowledged promptly.