## Chabot-Las Positas Association of Retired Employees CARE Fund Special Projects Grant Program 2025-2026 Application Form

**Application** Deadline: **Friday 7** November 202**5** Award announcement: *Monday December 1, 2025* 

Applicant Information								
Name		Site:	Chab	ot L	.PC	District Offic	e	
Campus e-mail address		_ Campus phone number (or home phone if no campus phone is available)						
Division or Department _								
Project Information (PI	ease take a moment to look at <i>gr</i>	rant guideline	es and pa	st winning	g proposals	5!)		
Name of project		Requested \$						
Who will be responsible for completion of the project?				Expected				
Project Plan - Briefly tell us what you plan to do:				completion date:				
Outcome - What will be t	he result? Be brief and specific.							
Budget - Tell us what you Vendor (supplier)	u want to buy: (Supplies, Appa	aratus, or <b>S</b> er	vices - <b>p</b> Oty	lease see Unit price	guidelines	for what is p	Dossible.) Line Total \$	
Optional budget notes:					Budg	 get Total:		
	xplain how the project will <i>impro</i> hat problem the project will solve			_	9		oonsibility.	
including a digital photogr	complete the project as described raph or video to CARE. (Report divideo to the College/Dist	lue: May 1 <b>5</b> ,	202 <b>6</b> or	by the abo	ove comple	etion date.)		
Type your name as your signature:					Date			
Please have your Dean, to shildreth@chabotcolleg	/Area Manager/Supervisor "e- e.edu. You will be emailed wher	-sign" as we n this is recei	<b>ell</b> (or th ved!)	ey may er	nail their a	greement se	parately	
I agree to provide fiscal oversight:  Dean/Mgr/Supervisor's Signature  Jamal A Cooks					Date			
Please complete the form,	then " <b>Print</b> " and " <b>Save as PDF</b> '	" and <b>email</b> i	it as an a	attachmen	t to shildre	eth@chabotc	ollege.edu	

All submissions will be acknowledged promptly.

THANK YOU for your ideas to help make the Colleges and District even more successful and effective!