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*

Name		_ Site:	Chabot	LPC	I	District Offic	ce
Campus e-mail address							
Division or Department	•	(or home phone if no campus phone is available) Name of Dean/Mgr/Supervisor					
Project Information (P	lease take a moment to look at <i>g</i>	rant guideline	es and <i>past v</i>	vinning pr	oposals	!)	
Name of project				Requested \$			
Who will be responsible for completion of the project?			Expected completion				
<u>Project Plan</u> – Briefly tell us what you plan to do:				date:			
Outcome - What will be t	the result? Be brief and specific.						
	ou want to buy: (Supplies, Appa	aratus, or Ser					
Vendor (supplier)	Item Description (Model # etc.)		Qty Un	it price	Tax	Shipping	Line Total \$
Optional budget notes:					Budget Total:		
			4- 4b II-			-£	11- 1114-
·	explain how the project will impr that problem the project will solve						ponsibility
	, , ,	•	J			•	
Agreements: I agree to	complete the project as describe	ed above and	then provide	a one-na	ragraph	outcome re	enort
	raph or video to CARE. (Report						оро. c
I understand that grants	will be payable to the College/Dis	strict and grai	nt purchases	will becor	ne CLP(CCD propert	y.
Type your name as your signature:					Date		
Please have your Dean to shildreth@chabotcolleg	/Area Manager/Supervisor "e ve.edu. You will be emailed whe	e-sign" as we n this is recei	ell (or they r ved!)	nay email	their aç	greement se	parately
I agree to provide fiscal oversight: Dean/Mgr/Supervisor's Signature					Date_		
Diana assemble the form	then " <i>Print</i> " and "Save as PDF	·!! and amail	:ttt-	ohmant ta	childro	*h @ ah a h a t a	م محمالت