

## **OSA Foundation Grant Proposal**

Program Name		
Submitted By (Name, Title, Email, Phone, Affiliation)		
Location City, State Country	Dates Proposed Date(s) of Program	
Participating Organizations/Groups		
Organization's description, mission and goals		
Funding Request Amount and Purpose		
Program Budget Total Budget		
Breakdown of the expenses included in the funding request		
Are you seeking additional sources for funding? Budget   ☐ Yes ☐ No If yes explain	Funding, Budget Amount and Status	
Summary/Overview Proposal Program Description		

Program goals and expected results Proposal Goals	
How does this program support the Foundation's mission?	
Describe the need(s) this program will address	
Implementation	
What outcomes do you expect, both immediate and long term	
Who will benefit	
Estimated number of people associated with your organization that will support this program  Marketing	
How will you evaluate the success of this program?	
Is this proposal associated with an OSA Committee/Council?  □ Yes □ No If yes explain	