

# SLCN-FNDF Proposal Application Form – 2025-26 Fiscal year

## Contact Details

Proposal name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Contact name(s): \_\_\_\_\_

Contact email: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

Contact address: \_\_\_\_\_

\_\_\_\_\_

## Proposal information and details

Background and nature of proposal: \_\_\_\_\_

Proposal amount requested and itemized budget information: \_\_\_\_\_

Does the proposal support SLCN members? If so, how many and how? \_\_\_\_\_

SLCN-FNDF will provide an information presentation for approved proposals - as a condition for approval please indicate your \_\_\_\_\_

commitment  
to attend:

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Have you applied  
for alternate  
source funding? If  
so, can you share  
that information?

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Enter additional notes: