

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:

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



Enter additional notes: