

2019 Great Plays Application

The Great Plays grants will fund new programs or existing programs that operate on college campuses to prevent and intervene in the drinking behaviors and the harmful consequences of alcohol among their students. Each contract year, all schools are eligible for the \$10,000 grant, provided all eligibility requirements are met.

Please fill out the form and select "Submit" to complete your application.

Note: Only one application submission is allowed per school. You must fill out your entire application in one visit. All checks issued for the Great Plays Grant program are provided directly by The International Town & Gown Association.

2019 Application

Name of School and Campus Organization/Department: *

Maximum Allowed: 400 characters. *Currently Used: 0 characters.*

Mailing Address: *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Name of Program: *

Maximum Allowed: 400 characters. *Currently Used: 0 characters.*

Name of Executive Director: *

Category *

Phone: *

- -
#####

Fax:

- -
#####

Email Address: *

Website: *

Application Contact & Title (If not the Executive Director):

Phone:

- -
#####

Email:

Executive Summary: *

Maximum Allowed: **8000** characters. *Currently Used: 0 characters.*

provide a one or two paragraph synopsis of what you desire to do with the \$10,000 Great Plays grant money. *

Maximum Allowed: 8000 characters. *Currently Used: 0 characters.*

Please briefly describe the purpose of the organization that is requesting the funds, including its capability to operate the proposed program, and a brief description of the organization's goals. *

Maximum Allowed: 8000 characters. *Currently Used: 0 characters.*

Please provide a brief description of the programs currently operated by the organization. *

Maximum Allowed: 18000 characters. *Currently Used: 0 characters.*

Program Description, Plan and Evaluation: *

Maximum Allowed: 18000 characters. *Currently Used: 0 characters.*

Financial Information

Total Program or Project Budget: *

From: *

/ /

MM DD YYYY

To: *

/ /

MM DD YYYY

Please provide a line item budget for how you will spend the \$10,000 on your program. Allocate a portion of the budget for the implementation of the evaluation component. *

Maximum Allowed: 8000 characters. *Currently Used: 0 characters.*

Please provide a name and address for where check should be sent. *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Provide the name of the Organization to be listed on the check: *

By submitting this form, I certify that the information contained in this application is true and correct to the best of my knowledge.
