

# **Indiana Youth Programs on Campus**

# **Proposal Information Form**

Please submit this information form with your Planning Grant Proposal (if requesting) and Program Implementation Grant Proposal to <u>leieddiv@lei.org.</u>

#### **Organization Requesting Funds:**

(College, University or Foundation)

#### President of College, University or Foundation:

Name:		
Address:		
Phone Number:	Email Address:	
Project Director / Contact Person:		

Name:	
Title:	
Address:	
Phone Number:	Email Address:

## \* If you have additional contacts, please provide their information on a separate sheet.

Please include the following proposal information to assist Lilly Endowment in the review process:

## Included in this submission is:

- Planning Grant Proposal
- Program Implementation Grant Proposal

Proposed Grant Period:

Requested Amount: