



**2007 – 2008 GRANT APPLICATION FOR PROJECTS & INTERNSHIPS**

A. Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Agent (*Include title*): \_\_\_\_\_

Address: \_\_\_\_\_

City, state, & zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Federal I. D. # \_\_\_\_\_ CT tax exempt # \_\_\_\_\_

B. Project title: \_\_\_\_\_

Location: \_\_\_\_\_

Project coordinator (*Include title*): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name(s) of any co-partner(s): \_\_\_\_\_

C. Summary description of proposed project or internship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Start & completion dates (*Please detail schedule of activities on page 2*): \_\_\_\_\_

Amount of funding requested (*Please detail budget on page 2*): \_\_\_\_\_

Source of matching funds or in-kind contributions (*Must be in hand or confirmed in writing by the provider at the time this application is filed*): \_\_\_\_\_

Six (6) copies of this application *must be received or postmarked no later than 4:00 PM, Monday, November 5, 2007* to be considered for February, 2008 awards. Hand deliver or mail (do not fax or e-mail) to The Rockfall Foundation, 27 Washington Street, Middletown, CT 06457. If necessary, you may include up to two (2) additional pages of information. If you have any questions, call Virginia R. Rollefson at The Rockfall Foundation office 860-347-0340.

D. How the project meets the Foundation’s priorities and criteria described in the Grant Information sheet:

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E. Project goals (describe specific anticipated results, such as publications, participants reached, etc.):

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Anticipated impact of the project on the environment, students, and/or the community:

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F. Description and schedule of planned activities:

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G. Detailed budget with estimated dollar amounts for each aspect of the proposed project:

Item Description	In-Kind Value	Matching \$	Rockfall Grant \$	Total \$
Totals				

H. Description of table top display planned for the Rockfall Symposium (*Guidance provided if requested*):

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**Application submitted by:**

**Organization’s authorized agent (*required*):**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)