

# 2010 HEED Grant Proposal Application

Specific name/title of project: \_\_\_\_\_

Educational need being addressed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Situation Statement/Need**

**Program Objectives**

**Program Plan of Action and Evaluation Methods**

**Program Plan of Action and Evaluation Methods (continued)**

**Justification of Need (include specific budget request and other sources/amounts of funds available to supplement this request)**

**Community-Based Interdisciplinary Team Members**

**Contact Person for Grant**

Name \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Program Director, Regional Director or  
MAFCE County President Signature** \_\_\_\_\_

**Return to: Candance Gabel, 110 Gwynn-MU, Columbia, MO 65211 (FAX: 573-884-5768)  
(EMAIL: [andrewss@missouri.edu](mailto:andrewss@missouri.edu))**

**Due: November 6, 2009**