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**CSI STANDARD GRANT APPLICATION FORM**

IGP#: \_\_\_\_\_ Date: \_\_\_\_\_

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I. Name of Group \_\_\_\_\_

II. Contact Persons: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

III. Type of Grant: \_\_\_\_\_

\_\_\_\_\_

IV. Type of Project: \_\_\_\_\_

V. Location of Project: \_\_\_\_\_

VI. \*Total Amount Requested (see page 5). \_\_\_\_\_

VII. Total Amount Approved: \_\_\_\_\_

VIII. Applicants Contribution: \_\_\_\_\_

\_\_\_\_\_

IX. Specific Project Objectives:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_