

Explore North Coast
P.O. Box 4712
Arcata, CA. 95518



www.explorenorthcoast.net
info@explorenorthcoast.net

Grant Application

1. Applicant's name: _____
2. Address: _____
3. Phone number: _____ email: _____
4. ACA#: _____
5. List the course title, instructor's name, address, phone and location of class:

6. Date of instruction: _____
7. Total cost of instruction: _____ Grant amount requested: _____

The applicant must have been a member of ENC for at least 3 months and agree to all of the following provisions that apply to grants awarded by Explore North Coast (ENC):

1. Funds shall only be used for the purpose for which awarded. Any desired changes in the use of funds shall be requested in writing to the Board of Directors.
2. ENC will make grant payments for skills instruction directly to the instructor.
3. Grant awards are valid for a period of sixty (60) days after the instruction date specified in the application. Any extension of the grant shall be requested in writing to the Board of Directors.
4. If the terms of the grant cannot be met, the grant recipient shall advise the ENC Board of Directors and the award will be canceled.

I have read and agree to the terms above:

Signature of Applicant: _____ Date: _____