

Idaho Governor's  
Children at Risk Task Force  
**\* GRANT \* APPLICATION \***

Contact Information

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**Team Name**

**Date of Request**

**Discipline**

**Contact Person**

**Title**

**Street Address**

**City**

**State**

**Zip Code**

**Phone Number**

**E-Mail Address**

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Grant Request

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**Total Amount  
Requested**

**Grant Period**

Spring

Fall

**Purpose**

**Grant Objectives**

**Grant Goals**

**Itemized Budget**

**How will you use this  
training/equipment to  
benefit or train others?**

**If your request is not fully funded, how will you address the deficiency?**

**Are you seeking funding from other sources ? If yes, please explain**

**Have you received CARTF funding in the past?**

Yes  
No

**Did you submit the required 6 month report?**

Yes  
No