

OSHE/EOF Special Project FY 2023 Application

Institution/Program _____

EOF Director (First and Last Name) _____

Email Address _____

Total Amount Requested _____

Project/Proposal Title _____

Are you requesting funds to help supplement an ongoing activity? Yes ____ No ____

Description of Project

Target Audience

Project Goals/Objectives

Assessment Measurements

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Intended Impact of Your Proposal

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