The University of North Carolina at Chapel Hill

Applicant Information

Program Manager Information

The Program Manager is considered the main contact person for this application and for future contact. It is recommended that this person also be involved in the award funding year - in this case the 2027-2028 academic year.

First Name

Last Name

Title

Department/Organization

Email

Phone

How did you learn about the Parents Council Grant Awards Program?

Are you a student, faculty member, or other university-affiliated program director?

Finance or Business Manager Information

The Finance or Business Manager Information is considered the faculty or staff member that is resposible for supporting the initiative's expenses and transactions should the applicant receive award funding. For example, if the Program manager needs to use award funding to purchase design and print services for program materials, they would work with the Finance or Business Manager to use a UNC Purchasing Card, other procurement method, to use the funds and acquire the needed items and services.

A Finance or Business Manager is required.

First Name

Last Name

Title

Department/Organization

Email

Phone

Program Information

Program Name/Event

Date of the Program/Event (Funding is only available after July 1, 2027)

Is this program new to UNC?

- ○ Yes
- ○ No

Will it occur one time? If program occurs multiple times, please indicate the total number of occurrences.

- ○ Yes, this program will occur one time.
- ○ No, this program will occur multiple times.
- ○ No, this program is an ongoing initiative.

Has this program previously received grant funding from the Carolina Parents Council within the last four years? If answered "yes," please indicate the year(s) in the text box.

NOTE: As indicated above in the guidelines, this application

will not be considered if you received any award amount in the last two consecutive years.

- ○ Yes
- ○ No

If this program has previously received grant funding from the Council, please provide a report highlighting

1. each year funds were awarded
2. the amount of funds, and
3. relevant success data from the **most recent iteration** (Including but not limited to: Funds used, attendance/participation numbers, and data from survey responses from attendees/stakeholders).

Is the organization and/or this grant application in support of an existing 501(c)3? If yes, please state the name of the

501c(3).

- [ ] Yes
- [ ] No
- [ ] I don't know

Will you be able to provide any necessary and/or required documentation (for example, IRS determination letter and EIN) to New Student and Family Programs? If no, please give a brief reasoning why.

- [ ] Yes
- [ ] No

Program Summary

Mission/Organization Information. In 250 words or less, please share your organization's mission and background.

Program Summary. In 300 words or less, please provide a detailed overview of the program/event.

Below, provide the program goals, objectives, and values.

You should answer:

- What are the goals and objectives?
- What meaningful benefit and/or impact does the grant application request provide to the University, the campus, and/or UNC undergraduate students?
- How does this benefit their experience at UNC?
- What specific student need will be met?

Please provide your answer to the above questions below.

Who is the target undergraduate audience?

How many students are participating or attending the event or program?

What specific need, challenge, opportunity, and/or gap does this grant application address?

What will funding from the Carolina Parents Council allow this program and/or organization to do that it would otherwise not be able to do without a grant award?

Program Timeline. Please provide a timeline of key dates. (Including known/estimated dates relevant to program planning and purchasing of goods).

What is the current plan for this program/event for the future?

How does this program align with UNC's mission?

[For reference: www.unc.edu/about/mission]

Collaboration Across the University

Is this program/event in collaboration with or being financially supported by any other organization and/or UNC department?

- ○ Yes
- ○ No

Provide details of your program/event collaboration with other organizations and/or departments. Please include the Organization/Department Name(s) and amount of financial support.

Please confirm and/or explain efforts made to determine if any existing UNC resources could meet all or any of this need.

Examples and Campus resources to be considered:

- Library system (Written resources, meeting rooms, etc.)
- Hussman Media Check-out (Camera equipment, recording equipment, etc.)
- Career Services (Counseling, coaching, study aids, workshops, etc.)
- CAPS (Mental wellness workshops, group counseling, meditation events, etc.)

- Student Union
- Major/minor department

What UNC school is this project/cause supporting?

- [ ] Adams School of Dentistry
- [ ] College of Arts and Sciences
- [ ] Eshelman School of Pharmacy
- [ ] Gillings School of Global Public Health
- [ ] Hussman School of Journalism and Media
- [ ] Kenan-Flagler Business School
- [ ] School of Civic Life and Leadership
- [ ] School of Data and Information Sciences
- [ ] School of Education
- [ ] School of Nursing
- [ ] Other: Please list
- [ ] None

Is there a UNC department, club, or organization that is involved with your proposal? If yes, please state their

name(s).

- ○ Yes
- ○ No

Funding Information

Funding Needs

Program Total Budget

Portion of Budget Requested from the Carolina Parents Council

Please fill in the table below in order of your greatest needs, as applicable. Type "N/A" if the need does not apply.

	Price	Weblink/Quote	Additional Not
Venue			
Speaker			

	Price	Weblink/Quote	Additional Not
Supplies/Materials			
Other (please describe)			
Other (please describe)			
Other (please describe)			
Other (please describe)			
Other (please describe)			

Additional Needs:

Total Cost:

How do you plan to sustain this program for the future?

Measuring Success

Please give a brief explanation of how you will measure the success of your program/event, and how the resulting data will be presented.

How will you decide the target number of participants?

How will you track attendance? (Examples include: sign-in sheets, RSVP lists, ticket scans, etc.)

How will success be measured?

Acknowledgements

Grant Awards Acknowledgment and Agreement

I acknowledge and agree that, if selected to receive a Carolina Parents Council Grant Award, grant funds may not be used for tangible giveaways without an educational purpose, capital expenses, funding flow-through to other nonprofit organizations, salaries or stipends, or food to be served at events.

I further acknowledge and agree that all resources provided through the Grant Awards program will be used solely for the specific purposes outlined in the approved application and will not be used for personal purposes or any activities outside the scope of the application.

Additionally, I acknowledge and agree that a representative from my program or event will be available to participate in an in-person interview on February 19, 2027.

- ○ Yes

Please complete information below accurately.

Applicant Name(s)

Date

Signing below acknowledges that you completed the form accurately and are ready to submit.

SIGN HERE

clear

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