

Mini Grant Application

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| --- | --- | --- | --- |
| Name: |  | Date: |  |

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| --- | --- |
| Title (Department): |  |

|  |  |
| --- | --- |
| Phone Number(s): |  |

|  |  |
| --- | --- |
| Contact Name (if not the same as applicant): |  |

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| --- | --- |
| Email Address: |  |

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| Students, Staff, or other Faculty involved in mini grant: |  |

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| Approximate date(s) and/or time span of project: |  |

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| Cost of Project: |  | Mini Grant Amount Requested: |  |

Attach up to two pages including project description and budget.

**Project Description**: Describe the faculty/staff/students involved in your project, the benefits of the project to our school, or the greater community, and the outcomes for the participants. Provide sufficient information to enable the Selection Committee to have a clear understanding of your project.

**Budget**: Provide a budget for your project including: materials, supplies, equipment, and/or transportation costs; and listing quantity, unit costs, and taxes. Show the total budget for your project as well as the specific amount you are requesting from the Foundation.

After completing the application, please email it to Teresa Foley at [tfoley@asnuntuck.edu](mailto:tfoley@asnuntuck.edu). Please put “mini grant application” in the subject line.