

## MINI - GRANT APPLICATION

Project Title: \_\_\_\_\_

Maximum Award is \$1,000      Amount Requested: \_\_\_\_\_

**(Please do not apply for a grant if you have received one in the previous year.)**

\_\_\_\_\_  
Name of Applicant(s) (Must be CAHPERD members)      Membership #      Date of Application

\_\_\_\_\_  
Position(s)      Name of School /Agency

\_\_\_\_\_  
School/Agency Address      Work Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Home Address      Home Phone

\_\_\_\_\_  
Name of Administrator      Signature of Administrator

\_\_\_\_\_  
Administrator's Address      Work Phone

When completing the application on the reverse side of this cover page, please do not refer to the name of your school or school system in your description. The Mini-Grant Selection Committee would prefer a "blind review" without reference to school name or school system. The Mini-Grant Selection Committee will not receive copies of this cover page.

**PLEASE FILL IN REVERSE SIDE OF THIS FORM**

Forward proposal to Executive Director: Connie Kapral, 563 Miller Road, South Windsor, CT 06074

**ALL PROPOSALS MUST BE RECEIVED BY JUNE 1.    FAX 860.644.9206**

**PROJECT TITLE:**

1. Describe your project in a summary paragraph.

2. What is the main idea of this project? Describe how this project will meet the needs of the students.

3. Give a time line/schedule of events.

4. Approximately how many students will be affected?

5. How will you determine whether your objectives have been achieved and whether your project is successful?

6. Are you applying for funds from additional revenue sources?

7. Detail your budget request. **Use a separate page if necessary.** List specific brands, descriptions, quantities, catalog numbers or part numbers, and shipping costs etc.