



CAMDEN COUNTY COLLEGE FOUNDATION MICRO MINI-GRANT APPLICATION

Applicant Name: _____

Department Unit: _____

Position/Title: _____

Email: _____ Telephone: _____

Project Title: _____

PROJECT CATEGORIES: Your project must fall into one of the following priority funding categories. Check all that apply.

1.) Innovative Curricular Projects

- Revitalize current curricular offerings through the use of assessment outcomes and/or changing industry standards.
- Revitalize current curricular offerings through the use of technology.
- Modify the curricula to the specific learning needs of a target population.
- Incorporate knowledge gained from theory and practice into the curricula.
- Develop innovative instructional techniques for application in the curricula.
- Apply new work related skills or knowledge to the curricula.

2.) Student-Centered Initiatives

- Develop and implement initiatives that impact student life and/or student development.

3.) Recruitment Initiatives

- Develop and implement initiatives that will result in an increase in underrepresented students enrolled at the College.

STRATEGIC ISSUE & INITIATIVES ADDRESSED FROM THE CURRENT STRATEGIC PLAN:

PROJECT GOALS: Goals are the broad outcomes expected from the project. In the space provided below, state your project goal.

PROJECT OBJECTIVES: Objectives are specific, measurable aims for the project, with matching outcomes to measure them, i.e. improving student attendance by 10% over two years. In the space provided below, state your project objective(s).

SUMMARIZE PROJECT: In the space provided below, please summarize your project. (Max. 100 words)

POPULATION SERVED: In the space provided below, please identify your target population(s) and number of individuals/participants who will benefit.

GRANT PERIOD (Start and End Dates): _____ to _____

PROJECT TIMELINE: In the space provided below, please arrange the major components of the project into a chronological sequence of deliverables and provide a calendar outline of tasks/activities from the beginning to the end of the project. Your timeline should include the major project activities that will achieve your project goals and objectives. Please indicate who will carry out the project activities. In the table provided, please complete your project timeline.

PROJECT ACTIVITY

START AND END DATE

WHO IS RESPONSIBLE

<u>PROJECT ACTIVITY</u>	<u>START AND END DATE</u>	<u>WHO IS RESPONSIBLE</u>

THE PROJECT: In the space provided below please answer the following questions:

What is the problem/need that your proposal addresses?

How does your project support the College's Strategic issues/initiatives?

EVALUATION/ASSESSMENT

Evaluation: Qualitative and quantitative assessment of the project. (How well did you meet your goals?)

Outcomes: Expected results of the project, which can be used to measure its success.

In the space provided below, please answer the following questions:

How will you measure/evaluate the outcomes and success of the project? Provide clear, measurable indicators that you will evaluate in your final report.

How do you plan to share the results of the project?

BUDGET: The budget is the financial plan for your grant, itemized to show the breakdown of project expenses. Your budget must follow College guidelines for salaries, fringe benefits, etc.

What is the total amount of your request? _____ (Maximum award is \$500)

If actual project expenses exceed amount requested, please indicate how remaining expenses will be covered:

Will the project continue after the funding period is over? Yes No

If yes, how will the project be sustained?

In the space provided below, provide a detailed (itemized) budget for the total cost of the project.

BUDGET CATEGORY	AMOUNT
Consultant Fees	
Consumable Supplies	
Printing	
Postage	
Travel (mileage, hotel, etc.)	
Conference Registration	
Equipment	
Other	
Total Budget	
Total Requested	

PREVIOUS AWARDS: List previous support from Mini-Grant Program or other sources (project title, amount, date.)

DISSEMINATION OF RESULTS: How do you plan to disseminate the results of your project?

Presentation

Article

Anticipated Date _____

REQUIRED SIGNATURES:

Applicant Signature

Date

Department Head Signature

Date

Senior Administrator (Dean/VP) Signature

Date

