



Community Colleges of Spokane
Foundation

MINI GRANTS APPLICATION FORM

INSTRUCTIONS

Please be sure to read the detailed application guidelines for complete requirements and restrictions.

Deadline is 5:00 PM on Thursday, November 15, 2018

Please submit a single PDF file containing ALL necessary materials to foundation@ccs.spokane.edu

Please limit complete application, attachments and supporting documents to six pages (including this cover sheet).

The application must include the following:

1. Description of how your project fulfills one of the Foundation's granting priorities (i.e., how will it be used, who will benefit and how?)

- 2. Description of the impact of this project on the college community.
- 3. Approximate number of students who will be directly impacted by this project.
- 4. Description of how results will be documented and measured.
- 5. A detailed budget, including a timeline for actions and expenditures, and plans for finding future funds, if needed.

For additional information, please contact the CCS Foundation at 509-434-5123.

Name of Project: _____

Brief Description of Project: _____

Amount Requested: _____

Was this project previously funded by a mini grant? Yes No

Applicant's Name: _____ Email _____

Title: _____

Campus: _____ Dept: _____

Contact Address: _____ Phone: _____

CCS Employee CCS Student

ID # _____

Student ID # (if applicable) _____ Student Email _____

APPLICANT

If I am granted funding by the Foundation, I agree to submit a written report of the results/outcome of my project by July 1, 2019.

Applicant Signature _____ Date _____

EMPLOYEES: Direct Supervisor Signature

STUDENTS: Faculty Member Signature

By signing, I concur this project is needed, feasible and realistic in its expectations.

Signature _____ Phone _____ Date _____

Title: _____

Comments: _____

EMPLOYEES: Vice President of Learning / Instruction or Designee Signature

STUDENTS: Vice President of Student Services or Designee Signature

By signing, I concur this project is needed, feasible and realistic in its expectations.

Signature _____ Phone _____ Date _____

Title: _____

Comments: _____

No application will be accepted without all required signatures. In unique situations, emailed approval from the Faculty Member, Direct Supervisor or Vice President will be accepted in lieu of physical signatures.

**509-434-5123 • www.ccsfoundation.org
501 N Riverpoint Blvd #203 • Spokane WA 99202**