

# ANNUAL MINI GRANTS APPLICATION GUIDELINES

### REQUIREMENTS

- 1. Each year, the CCS Foundation funds support new and innovative projects that aren't able to be financially supported by the colleges, but demonstrate support of the student learning process, and result in a positive impact on the college community.
- 2. Projects that directly impact high numbers of students will receive priority.
- 3. No project will receive funding for more than three consecutive years.
- 4. Grants typically range from \$250 to \$2,500, although the Mini Grant Committee may choose a higher or lower amount allocation at any time.
- 5. Grants are available for start-up costs, outreach materials, capital purchases, travel or associated costs etc.
- 6. Grant money is not available for student scholarships as there are already foundation scholarship programs in place. Typically, technology purchases and personal professional development are not funded.
- 7. CCS travel policies and procedures must be used for travel awards. The Foundation will reimburse the college for approved travel expenditures.
- 8. No grant monies are available for staff and faculty salaries, except stipends or replacement costs for a one-time project or short-term funding. *If requesting a stipend, please contact the Budget and Finance office to determine the amount needed to be included in the proposed budget to pay for benefits for your individual employee classification*. The Foundation will not be responsible for any expenses that exceed the amount approved.
- 9. Grant monies will be available in early January and must be used by June 30 of the same year. No grant dollars will be carried forward and all unused funds will be reclaimed by the Foundation at the end of the grant period.
- 10. Mini grant recipients must present a written report upon completion of the grant period. Failure to do this may result in refusal of future allocations.

#### APPLICATION PROCEDURES

Submit a single PDF application packet to <a href="mailto:Foundation@ccs.spokane.edu">Foundation@ccs.spokane.edu</a> by the deadline noted on our website - <a href="https://ccsfoundation.org/For-Employees/Grants-Awards/Mini-Grants">https://ccsfoundation.org/For-Employees/Grants-Awards/Mini-Grants</a>

- 1. .All applications must clearly demonstrate how the project or program fulfills the Foundation's granting priorities. The program description and how it relates to the foundation's priorities is weighted heavily in the decision-making process.
- 2. All applications must have a complete and clear budget. **Applications that do not include a budget will not be considered.**
- 3. All applications must clearly state how future funding will be sought or secured, if necessary.
- 4. Applications must come from faculty or staff members currently employed at Community Colleges of Spokane or currently enrolled students AND must be authorized by the appropriate Dean for employees or faculty member for students AND the Vice President of Learning/Instruction for employees or the Vice President of Student Services for students.

Questions? Please contact the Foundation at 434-5123.



# MINI GRANTS APPLICATION FORM

#### **INSTRUCTIONS**

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

- Deadline to apply is noted on our website - <u>https://ccsfoundation.org/For-Employees/Grants-</u> Awards/Mini-Grants.
- Please submit a single PDF file containing ALL necessary materials to <a href="mailto:foundation@ccs.spokane.edu">foundation@ccs.spokane.edu</a>.
- Please limit complete application, attachments and supporting documents to six pages (including this cover sheet).
- For additional information, please contact the CCS Foundation at 509-434-5123.

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.
- 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.

| Name of Project:                          |                        |                           |
|---|------------------------|---------------------------|
| Brief Description of Project:             |                        |                           |
|   |                        |                           |
| Amount Requested:                         | Number of students su  | upported by this project: |
| Was this project previously funded by a m | nini grant? 🗌 Yes 🗌 No |                           |
| Applicant's Name:                         | Email                  |                           |
| Title:                                    |                        |                           |
| Campus:                                   |                        |                           |
| Contact Address:                          |                        | Phone:                    |
| CCS Employee                              | CCS Student            | ID #                      |
| Student ID # (if applicable)              | Student Email_         |                           |

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| <b>APPLICANT</b> If I am granted funding by the Foundation, I agree to submit a written report of the results/outcome of my project by the report deadline. I also acknowledge that the Foundation is only responsible for project costs up to the amount awarded. |  |                                   |  |
|--|--|-----------------------------------|--|
| Applicant Signature  |  | Date                              |  |
| EMPLOYEES: Direct Supervisor Si  | gnature  |                                   |  |
| STUDENTS: Faculty Member Signa   | ature  |                                   |  |
| By signing, I concur this project is need  | eded, feasible and realistic in its expe   | ctations.                         |  |
|  |  |                                   |  |
| Signature  | Phone  | Date                              |  |
| Title:   |  |                                   |  |
| Comments:  |  |                                   |  |
| EMPLOYEES: Vice President of Le  | earning / Instruction  |                                   |  |
| STUDENTS: Vice President of Stud   | dent Services  |                                   |  |
|  | eded, feasible and realistic in its expe<br>for expenses up to the amount award<br>get chart string: |                                   |  |
|  |  |                                   |  |
| Signature  | Phone  | Date                              |  |
| Title:   |  |                                   |  |
| Comments:  |  |                                   |  |
| No application will be accepted wi   | ithout all required signatures. In un  | ique situations, emailed approval |  |

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

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