



# COMMUNITY COLLEGES OF SPOKANE FOUNDATION MINI-GRANTS APPLICATION

## INSTRUCTIONS

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

### **Please visit [ccsfoundation.org](http://ccsfoundation.org) for the current Mini-Grant deadline.**

Please submit a single PDF file containing ALL necessary materials to [foundation@ccs.spokane.edu](mailto:foundation@ccs.spokane.edu)

Please limit complete application, attachments and supporting documents to six pages (included 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: \_\_\_\_\_

What this project previously funded by a mini-grant?  Yes  No

Applicant's Name: \_\_\_\_\_

Applicant's Name PRINTED: \_\_\_\_\_

CCS Employee  CCS Student

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

Campus: \_\_\_\_\_ Dept: \_\_\_\_\_

Contact Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

## STUDENTS

Student ID # (if applicable) \_\_\_\_\_ Student Email: \_\_\_\_\_

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## EMPLOYEES: Direct Supervisor Signature

### STUDENTS: Faculty Member Signature

By signing, the signee concurs that this project is needed, feasible and realistic in its expectations. You may also attach and email granting permission for this project in your PDF instead of a physical signature.

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, the signee concurs that this project is needed, feasible and realistic in its expectations.

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Comments: \_\_\_\_\_



**Community Colleges of Spokane  
Foundation**

*Building Bright Tomorrows for Our Students and Our Community*

**509-434-5123 • [www.ccsfoundation.org](http://www.ccsfoundation.org)  
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