

# Asnuntuck Foundation Mini-Grant Application

Please check the appropriate submission period for which funds are being requested:

\_\_\_ September 1-September 30

\_\_\_ October 1-October 31

\_\_\_ November 1-November 30

\_\_\_ December 1-December 31

\_\_\_ February 1-February 28

Funding decisions will be made, and applicants notified within 30 days after submission.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

Contact Name (if not the same as applicant): \_\_\_\_\_

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

Students, Staff, or faculty involved in planning this Mini-Grant: \_\_\_\_\_  
\_\_\_\_\_

What date are the funds needed by? \_\_\_\_\_

Approximate date(s) and/or time span of project: \_\_\_\_\_  
\_\_\_\_\_

Total Cost of the Project: \_\_\_\_\_ Mini Grant Amount Requested: \_\_\_\_\_

Attach up to two pages including project description and budget.

**Project Description:** Describe the faculty/staff/students/community members involved in your project, the benefits of the project to our campus or the greater community and the outcomes for the participants and specifically our students. Provide sufficient information to enable the Mini-Grant Committee to have a clear understanding of your project. Include the projected numbers of students to be impacted by this mini grant project and how you arrived at this number.

**Budget:** Include a complete amount you are requesting from the Foundation and what funds will be spent on.

\*Please note that a Mini-Grant Outcome Report and Final Expenses Report is due to the Foundation within 30 days after the end of the project.

After completing the application, please email it to Carol LaLiberte at [carol.laliberte@ctstate.edu](mailto:carol.laliberte@ctstate.edu)  
Please put "Mini-Grant Application" in the subject line.