



The Connecticut Association
for Health, Physical Education,
Recreation and Dance

MINI - GRANT APPLICATION

Project Title: _____

Maximum Award is \$1,000 Amount Requested: _____

**(Please do not apply for a grant if you have received one in the previous year).
(One full year membership in CTAHPERD required before applying.)**

Name of Applicant(s) - **Must be CTAHPERD members** Membership # Date of Application

Position(s) Name of School /Agency

School/Agency Address Work Phone

Email Address

Home Address Home Phone

Name of Administrator Signature of Administrator

Administrator's Address Work Phone

When completing the application (Part A to D), please do not refer to the name of your school or school system in your description. The Mini-Grant Selection Committee would prefer a "blind review" without reference to school name or school system. The Mini-Grant Selection Committee will not receive copies of this cover page.

PLEASE FILL IN REVERSE SIDE OF THIS FORM

Forward proposal to Executive Director: Connie Kapral, 563 Miller Road, South Windsor, CT 06074

ALL PROPOSALS MUST BE RECEIVED BY JUNE 1. FAX 860.644.9206

Part C: Curriculum & Instruction

1. Provide a minimum of 2 measureable objectives that your request for the equipment will meet.
2. What students and how many students will be affected?
3. Provide a timeline of unit/events, along with a schedule.
4. How will the equipment enhance student learning?
5. How will you determine whether your objectives have been achieved and whether your project is successful?
6. Are you applying for funds from additional revenue sources?

Part D: Budget

Provide a detailed description of what will be purchased. Detail your budget request: list specific brands, descriptions, quantities, catalog numbers or part numbers, and shipping costs etc. Use a separate page if necessary.

Part E: Evaluation

After completion of the project, you will be expected to provide a summary of the outcomes of the project.

Revised 9/2012