



# MINI-GRANT PROGRAM APPLICATION

Date: \_\_\_\_\_ Requested by: \_\_\_\_\_ Email: \_\_\_\_\_

PTA Name: \_\_\_\_\_

Title of Mini-Grant: \_\_\_\_\_

Amount Requested (max \$250): \_\_\_\_\_

Goal of Mini-Grant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of event or program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Materials/Services needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you be willing to create a short blog or video about the mini-grant funded event or program? YES NO

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## FOR CCDPTAC USE ONLY

President's Approval: \_\_\_\_\_

Approved for (circle one):

Approved

Denied

Check Date:

Check #: