



Merced College Foundation

3600 M Street

Merced, CA 95348-2898

(209) 381-6470

www.mccd.edu/advancement

2008 Faculty Mini Grant Program

Application Form

Name of Applicant/Contact Person: _____

Phone Ext: _____ **Email:** _____

Department/Division/Program: _____

Project Timeline (beginning and ending): _____

Amount of Request: _____

Other Participants/Partners: _____

Applicant Signature: _____

VP/Dean Signature: _____

Project Name: _____

Project Description:

Briefly describe the project for which you are requesting funding.

Benefit to College and/or Community:

Explain the positive impact your project will have on the college and/or community. You may link the project to specific academic initiatives.

Project Evaluation

Identify how you will formally evaluate the success and effectiveness of the project.

Budget

*Provide an itemized budget for the project (you may attach a separate budget worksheet).
Include other sources of funding, if appropriate.*
