

**NYSAEYC
EARLY CHILDHOOD MINI-GRANT APPLICATION**

Submit 3 copies postmarked by July 15, 2010 to:
NYSAEYC, 230 Washington Avenue Ext., Albany, NY 12203

TITLE OF PROJECT: _____

AGE GROUP DESIGNED FOR: _____

NAME OF APPLICANT: _____

E-MAIL ADDRESS: _____

HOME ADDRESS: _____

SCHOOL/PROGRAM NAME: _____

SCHOOL/PROGRAM ADDRESS _____

SCHOOL/PROGRAM TELEPHONE: _____

SUPERVISOR'S NAME & TITLE: _____

APPLICANT'S MEMBERSHIP NUMBER: _____

(on the address label of Young Children) You must be a current member of NYSAEYC to be eligible to apply. There are no group or center memberships.

Please note: previous Mini Grant winners will be eligible to apply for a new award every three years.

APPLICANT'S AFFILIATE CHAPTER: _____

TOTAL AMOUNT REQUESTED: \$ _____

DATE OF SUBMISSION: _____

APPLICANT'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

How did you learn about the NYSAEYC Mini-Grant Program? _____

FOR COMMITTEE USE ONLY: Proposal # _____ **Date Rec'd** _____

NYSAEYC EARLY CHILDHOOD MINI-GRANT APPLICATION

TITLE OF PROJECT: _____

SUMMARY DESCRIPTION (please describe your project in 125 words or less):

1.) RATIONALE FOR PROPOSED PROJECT: (why do you want to do this project?)

2.) OBJECTIVES: (What will be gained as a result of this project?)

3.) ACTIVITIES (Describe the activities that will be carried out to meet your objectives):

4.) EVALUATION MEASURES (How will you know that you have accomplished your objectives?):

5.) BUDGET FOR PROPOSED PROJECT (No money can be used for the services of personnel already employed by school or center) Be Specific!

Description of items (Supplies, equipment, services, etc.)	Cost per item	Number of items	Total amount
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TOTAL AMOUNT REQUESTED:\$_____

6.) REPLICATION (Describe how this project can be duplicated by others):

Please return 3 copies of the Mini Grant Application no later than **July 15, 2010** to:
NYSAEYC, 230 Washington Ave. Ext., Albany, NY 12203, Attn: Mini Grants Committee
Questions? Call the state office at (518) 867-3517.