



## Early Childhood Mini Grant Application

Submit 3 copies postmarked by **July 14, 2017** to:  
NYSAEYC, Attn: Mini Grants, 230 Washington Avenue Ext., Albany, NY 12203

**NAME OF APPLICANT:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**SCHOOL/PROGRAM NAME:** \_\_\_\_\_

**SCHOOL/PROGRAM ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**SCHOOL/PROGRAM TELEPHONE:** \_\_\_\_\_

**SUPERVISOR'S NAME & TITLE:** \_\_\_\_\_

**APPLICANT'S NYSAEYC MEMBERSHIP NUMBER:** \_\_\_\_\_

*Applicants must be a current member of NYSAEYC to be eligible to apply and if awarded maintain your membership throughout the grant period.*

**TITLE OF PROJECT:** \_\_\_\_\_

**TOTAL AMOUNT REQUESTED: \$** \_\_\_\_\_

**DATE OF SUBMISSION:** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**SUPERVISOR'S SIGNATURE:** \_\_\_\_\_

**How did you learn about the NYSAEYC Mini Grant Program?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Title of project:**

**Age Group it's Designed For:**

**Summary Description:** (Describe your project in 125 words or less)

**Rational for proposed project:** (why do you want to do this project?)

**Objectives:** (What will be gained as a result of this project?)

**Activities:** (Describe the activities that will be carried out to meet your objectives)

**Evaluation Measures:** (How will you know that you have accomplished your objectives?):

**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:\$ \_\_\_\_\_

**Replication:** (Describe how this project can be duplicated by others)

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NYSAEYC, 230 Washington Ave. Ext., Albany, NY 12203, Attn: Mini Grants.  
**Questions?** Call the state office at (518) 867-3517 or email us at [contactus@nysaeyc.org](mailto:contactus@nysaeyc.org).