

FIND
A Collaborative in your Area.

SUBMIT
Your Program to our Directory.

CONNECT
With Resources and Partners.

HOME

Grant Application Form

Please enter the following information to apply for a mini-grant. All fields are required.

- You must have a program entered and approved in the NGCP Program Directory to apply. You must also collaborate with another organization in the [Program Directory](#) to complete the application.
- If you are unsure what to include in any field, please check the [NGCP Glossary](#) for more information.
- Be sure to review [Mini-Grant Application Requirements and Resources](#) before beginning the form below.
- Please read application carefully and be sure to provide information that is requested for each item. Click on the question mark in the box next to an item for additional information.

Project Title: *

Available grant types:

Reviewer(s): Ⓞ

- None -
- Anonymous
- support
- John Smith

Project Description: ☑ Show summary in full view

Font Size: [dropdown] Font Family: [dropdown]

Path: p

Disable rich-text

- Web page addresses and e-mail addresses turn into links automatically.
- Lines and paragraphs break automatically.

[More information about formatting options](#)

PROJECT OBJECTIVES

You must complete a minimum of two objectives, but can add up to four. Click "Add more values" below to add another objective; to remove an objective, check the box under "Remove", and it will be deleted when you save or submit your mini-grant application.

	Remove
<p>Who is your activity primarily targeted towards?:</p> <p><input checked="" type="radio"/> N/A</p> <p><input type="radio"/> K-12 Students</p> <p><input type="radio"/> K-12 Teachers</p> <p><input type="radio"/> Program Staff</p>	<input type="checkbox"/>

[Add more values](#)

Project Contact Info *	First Name: *
Project Details *	<input type="text"/>
Population Served *	Last Name: *
Project Evaluation *	<input type="text"/>
Project budget *	Email: *
Fiscal Agent Contact Info *	<input type="text"/>
Revision information	Phone: *
	<input type="text"/>

[Submit Application](#) [Save as Draft](#) [View changes](#)

Project Contact Info *	Collaborating Programs: Remove
Project Details *	<p><input checked="" type="checkbox"/> Test [nid:31193] <input type="checkbox"/></p> <p>You must select another program in the directory in order to apply for a Mini-Grant. Start typing the name of the program you want to list as a collaborating program.</p> <p>Add another item</p>
Population Served *	Collaborating Programs: Remove
Project Evaluation *	<p><input checked="" type="checkbox"/> URL: <input type="text"/> <input type="checkbox"/></p> <p>Find any collaborating programs in the Program Directory and put their full URLs here. Valid programs will be added to the above listing.</p> <p>Add another item</p>
Project budget *	Will the proposed project be a new collaboration for the collaborating partners?: * Ⓞ
Fiscal Agent Contact Info *	<p><input type="radio"/> N/A</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
Revision information	Role and Contributions: * Ⓞ
	<input type="text"/>
	Project Goals: * Ⓞ
	<input type="text"/>
	Project Design Plans: * Ⓞ
	<input type="text"/>
	Activities and Methods: * Ⓞ
	<input type="text"/>

Project Contact Info *	Grades Served: * Ⓞ
Project Details *	<p><input type="checkbox"/> K-5</p> <p><input type="checkbox"/> 6-8</p> <p><input type="checkbox"/> 9-12</p>
Population Served *	Genders Served: * Ⓞ
Project Evaluation *	<p><input checked="" type="radio"/> N/A</p> <p><input type="radio"/> Female</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Both</p>
Project budget *	Ethnicities Served: Ⓞ
Fiscal Agent Contact Info *	<ul style="list-style-type: none"> - None - Asian Native Hawaiian/Pacific Islander American Indian/Alaska Native
Revision information	

Project Contact Info *	Assessment Activities: *
Project Details *	<p><input type="checkbox"/> Informal observation of participants</p> <p><input type="checkbox"/> Informal discussion with participants</p> <p><input type="checkbox"/> Informal discussion with program staff/volunteers</p> <p><input type="checkbox"/> Informal discussion with parents or other affiliated groups</p> <p><input type="checkbox"/> Formalized participant interviews or observations</p> <p><input type="checkbox"/> Pre and post participant surveys or questionnaires</p> <p><input type="checkbox"/> Post only participant surveys or questionnaires</p> <p><input type="checkbox"/> Formalized data collection with program staff/volunteers or parents (e.g., surveys, interviews, focus groups)</p>
Population Served *	Other: Ⓞ
Project Evaluation *	<input type="text"/>
Project budget *	Collecting Information: * Ⓞ
Fiscal Agent Contact Info *	<p><input checked="" type="radio"/> N/A</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
Revision information	

Project Contact Info *	Amount requested: *								
Project Details *	<input type="text"/>								
Population Served *	Amount of matching funds:								
Project Evaluation *	<input type="text"/>								
Project budget *	Organization providing matching funds:								
Fiscal Agent Contact Info *	<input type="text"/>								
Revision information	Budget comments:								
	<input type="text"/>								
	BUDGET ITEMS								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Remove</th> </tr> </thead> <tbody> <tr> <td> <p>Item: *</p> <p><input type="text"/></p> </td> <td></td> </tr> <tr> <td> <p>Description: *</p> <p><input type="text"/></p> </td> <td></td> </tr> <tr> <td> <p>Cost: *</p> <p><input type="text"/></p> </td> <td></td> </tr> </tbody> </table> <p>Add more values</p>		Remove	<p>Item: *</p> <p><input type="text"/></p>		<p>Description: *</p> <p><input type="text"/></p>		<p>Cost: *</p> <p><input type="text"/></p>	
	Remove								
<p>Item: *</p> <p><input type="text"/></p>									
<p>Description: *</p> <p><input type="text"/></p>									
<p>Cost: *</p> <p><input type="text"/></p>									

Project Contact Info *	Organization First Name: *
Project Details *	<input type="text"/>
Population Served *	Organization Last Name: *
Project Evaluation *	<input type="text"/>
Project budget *	Organization Name: *
Fiscal Agent Contact Info *	<input type="text"/>
Revision information	Fiscal Agent Title:
	<input type="text"/>
	Organization Email: *
	<input type="text"/>
	LOCATION
	Street: <input type="text"/>
	Additional: <input type="text"/>
	City: <input type="text"/>
	State/Province: <input type="text" value="Please select"/>
	Postal code: <input type="text"/>
	Phone number: <input type="text"/>
	Fax number: <input type="text"/>