Project Information

Project Title *

Project Description *

Project Objectives

Who is your activity primarily targeted towards? *

What age are you targeting? *
- 6-10
- 11-14
- 15-17
- 18+

What participant sub-groups (if any) is your activity targeting? *

Which of the following types of objectives does your activity focus on achieving? *
- Participants will demonstrate an ability to perform a particular STEM-related skill or activity
- Participants will demonstrate an understanding of how a STEM-related item or process works
- Participants will demonstrate their ability to use STEM-related tools (e.g., calculators, software programs, etc)
- Participants will demonstrate their ability to work effectively in teams
- Participants will demonstrate an understanding of steps in problem solving
- Other

Other

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Project Contact Info

- First Name *
- Last Name *
- Email *
- Phone *
- Address *
- City *
- State *
- Zip Code *

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Project Details

In order to be eligible for a mini-grant, your program must be listed in The Connectory. If you are not already listed, please go to: www.theconnectory.org and register your program in The Connectory database. Copy and paste the link to your program listing below.

Paste the link to your Connectory program here. *

If your Collaborating Partner is in The Connectory, paste the link to their program here. This is not a requirement to be considered for the grant.

Will the proposed project be a new collaboration for the collaborating partner (or at least 2 of the collaborating partners, if there are more than 2)? *

Provide the role and contributions for each collaborating partner. *

Project Goals: Briefly describe the goals of your project *

Project Design Plans: Identify the design of the project. How will participants be recruited? Where will the project be held? Explain how your project design helps you meet the goals of your project. *
Population Served

Grades served - Select each of the grade ranges that will be served *

- K-5
- 6-8
- 9-12

Genders served - Check all that apply *

- Female
- Male

Ethnicities served - Check all that apply *

- Asian
- Native Hawaiian/Pacific Islander
- American Indian/Alaska Native
- Black/African American
- Hispanic/Latino
- White, non-Hispanic
- None *

Do you serve youth with disabilities? *

- None
Project Evaluation

Assessment activities - What assessment activities are you planning for the project? *

☐ Informal observation of participants
☐ Informal discussion with participants
☐ Informal discussion with program staff/volunteers
☐ Informal discussion with parents or other affiliated groups
☐ Formalized participant interviews or observations
☐ Pre and post participant surveys or questionnaires
☐ Post only participant surveys or questionnaires
☐ Formalized data collection with program staff/volunteers or parents (e.g., surveys, interviews, focus groups)

Please describe any Assessment Activities you are planning for the project that are not listed above.

Mini-grant projects will need to report the following information after the project is complete: total number of participants; number of girl participants; age, grade, and ethnicity of participants; number of volunteers; number of staff.

Is your program already collecting this type of information? *

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Project Budget

Amount Requested *

Amount of matching funds

Organization providing matching funds

Budget comments

Budget Items - Provide a detailed/itemized description of what mini-grant fund will be used for."
Fiscal Agent Contact Information

Organization Name *
First Name *
Last Name *
Title *
Email *
Country *
Street *
Additional
City *
State *
Zip Code *
Phone Number *
Fax Number

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