**MCC FOUNDATION  
2017 Grant Application**

**Deadline for the Grant Application is February 28, 2017 at 5pm.**

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| **PRIMARY CONTACT INFORMATION** | | | |
| **First Name:** |  | **Last Name:** |  |
| **Position:** |  | **Department:** |  |
| **Location:** |  | **Phone:** |  |
| **MCC Email:** |  |  |  |

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| **GRANT DETAILS** | |
| **Project Title:** |  |
| **Team Members:** |  |
|  | |
| 1. **What are the goals and objectives of the proposal?** | |
| 1. **What unmet need(s) of the college does the proposal address?** | |
| 1. **Please list a sample of activities planned to accomplish the goals and objectives.** | |
| 1. **How will you evaluate the success of the grant?** | |
| 1. **Annual Fund grants are generally one-time allocations. If this project/purchase requires future funding for sustainability, please indicate how you plan to fund this initiative.** | |

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| **BUDGET DETAILS** | | | | | | |
| Please submit the budget information and support statement under the categories that apply to your project.  The support statement should be a description of the importance of the items to your project. | | | | | | |
|  |  | | | | | |
| **Equipment Items** | | | | | | |
| # of Items & Name of Items | | | | | Cost per Unit | Total Item Cost |
|  | | | | |  |  |
| 1. **Sub-Total Equipment:** | | | | | |  |
| **Equipment Statement:** | | | | | | |
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| **Supply Items** | | | | | | |
| # of Items & Name of Items | | | | | Cost per Unit | Total Item Cost |
|  | | | | |  |  |
| 1. **Sub-Total Supply:** | | | | | |  |
| **Supply Statement:** | | | | | | |
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| **Training Items/Sessions** | | | | | | |
| # of Items & Name of Items | | | | | Cost per Unit | Total Item Cost |
|  | |  | | | |  |
| 1. **Sub-Total Training:** | | | | | |  |
| **Training Statement****:** | | | | | | |
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| **Guest Speaker etc. Items** | | | | | | |
| # of Items & Name of Items | | | | | Cost per Unit | Total Item Cost |
|  | | |  | | |  |
| 1. **Sub-Total Guest Speaker:** | | | | | |  |
| **Guest Speaker etc. Statement:** | | | | | | |
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| **Other Items** | | | | | | |
| # of Items & Name of Items | | | | | Cost per Unit | Total Item Cost |
|  | | | |  | |  |
| 1. **Sub-Total Other:** | | | | | |  |
| **Other Statement:** | | | | | | |
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|  | | | | | | |
| **Total Grant Request:** | | | | | |  |

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| **Approval:** | Yes, I have obtained prior approvals from my department chair, division dean and division vice-president before submitting this grant application. |