

## **IMPACT MICRO GRANTS APPLICATION**

Date:	
Requested by:	
Email:	
Phone:	
Department/Office:	
Application Information:	
Title of the Request:	
Describe the Need  Please provide a 300 word overview of a process or problem you will address and how your solution with the state of	ill
improve efficiency, productivity and excellence in the work of the college. Include the positive impact (outcome) this will have on the work of faculty and staff on behalf of students. Explain other sources of funds for this project, if applicable.	
Budget Justification Impact grants are typically less than \$1,000. Please provide a detailed breakdown of costs within the following categories:	Total
Travel – include cost for mileage, meals, conference fees, and purpose of travel.	
Supplies and materials – provide quantity and unit cost for each item.	
<ol> <li>Contractual – services by an external vendor, these may include installation costs, consultants, etc.</li> </ol>	
Total Budget	
I agree to work with the MCC Foundation Office staff in the submission of this request.	
Supervisor Signature Date	