

## **IMPACT MICRO GRANTS APPLICATION**

Date:

Requested by:		
Email: Phone:		
Departn	nent/Office:	
Applic	ation Information	
Title of	the Request:	
Descr	ibe the Need	
improve (outcon	provide a 300 word overview of a process or problem you will address and how your solution efficiency, productivity and excellence in the work of the college. Include the positive impance) this will have on the work of faculty and staff on behalf of students. Explain other source or this project, if applicable.	nct
	grants are typically less than \$1,000. Please provide a detailed breakdown of costs within	Total
	grants are typically less than \$1,000. Flease provide a detailed breakdown of costs within bying categories:	
1.	Travel – include cost for mileage, meals, conference fees, and purpose of travel.	
2.	Equipment, supplies and materials – provide quantity and unit cost for each item. Please	
	note that equipment is defined as non-consumable items with an acquisition cost more than \$1,000.	
3.	Contractual – services by an external vendor, which may include installation costs, consultants, etc.	
	Total Budge	et
	I agree to work with the MCC Foundation Office staff in the submission of this request.	
Supervi	sor Signature:	Date: