



nyaeyc

New York Association for the
Education of Young Children

Early Childhood Mini Grant Application

Submit 3 copies postmarked by **August 27, 2021** to:
NYAEYC, Attn: Mini Grants, 230 Washington Avenue Ext., Albany, NY 12203

NAME OF APPLICANT: _____

E-MAIL ADDRESS: _____

HOME ADDRESS: _____

SCHOOL/PROGRAM NAME: _____

SCHOOL/PROGRAM ADDRESS: _____

SCHOOL/PROGRAM TELEPHONE: _____

SUPERVISOR'S NAME & TITLE: _____

APPLICANT'S NYSAEYC MEMBERSHIP NUMBER: _____

Applicants must be a current member of NYAEYC to be eligible to apply and if awarded maintain your membership throughout the grant period.

TITLE OF PROJECT: _____

TOTAL AMOUNT REQUESTED: \$ _____

DATE OF SUBMISSION: _____

APPLICANT'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

How did you learn about the NYAEYC Mini Grant Program? _____

Title of project:

Age Group it's Designed For:

Summary Description: (Describe your project in 125 words or less)

Rational for proposed project: (why do you want to do this project?)

Objectives: (What will be gained as a result of this project?)

Activities: (Describe the activities that will be carried out to meet your objectives)

Evaluation Measures: (How will you know that you have accomplished your objectives?):

Budget for Proposed Project: (No money can be used for the services of personnel already employed by school or center) Be Specific!

Description of items (Supplies, equipment, services, etc.)	Cost per item	Number of items	Total amount
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TOTAL AMOUNT REQUESTED:\$_____

Replication: (Describe how this project can be duplicated by others)

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Questions? Call the state office at (518) 867-3517 or email us at smodi@nyaeyc.org.