

Mini-Grant Application

1. Name _____ Rank _____
Department _____ School _____
Address _____
City _____ State _____ Zip _____
Office Extension _____ Home Telephone # _____
Years of Clark Atlanta University Full-time Faculty Service _____

2. Project Title _____

3. Project Outline. Please complete this title page with the appropriate signatures, and attach a typewritten response to the following: *(five-page maximum response including budget summary)*

- A. Problem to be addressed
- B. Rationale for proposed project
- C. Methodology or approach
- D. Timeframe for completion
- E. Anticipated Impact on department, school and university goals
- F. Anticipated impact on individual's professional development
- G. Evaluation procedure for project *(outcomes)*
- H. Budget *(show line items for expenses)*
- I. Other supporting information

Faculty Member's Signature

Department/Program Chair's Signature

School Dean's Signature