Community Partners Council (CPC)
University Center for Excellence in Developmental Disabilities (UCEDD)
Institute on Development & Disability (IDD)
Oregon Health & Science University (OHSU)

The Mini-Grant Cover Sheet

C1. Project Coordinator Name (primary contact person)

C2. Secondary Contact Name

C3. Organization Name

C4. Address City State Zip

Phone Email

C5. Amount requested (not to exceed $1,000.00) $ _____

C6. Number of people served by requested money. (best estimation is acceptable)

_____ General Public/Community Members

_____ Legislators/Policymakers

_____ Children/Adolescents w/Disabilities or Special Health Needs

_____ Adults with Disabilities

_____ Family members/Caregivers

_____ Professionals/Paraprofessionals

_____ Other Classroom Students

C7. Provide a brief description of your organization. (75 words maximum)

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CPC UCEDD Mini-Grant Application

(answer every question)

Project or program title: _____

Q 1. Anticipated project/program start and end date:

Start (____/____/_____) End (____/____/_____)

Q 2. State how your organization's mission relates to the proposed activity for people with disabilities. (75 words maximum)

Q 3. Write a detailed description of the project/program. Describe the purpose of the project or program. Explain why you think it is needed and what you will do.
(250 words maximum)

Q 4. Describe how people with disabilities were involved in preparing this proposal.
(50 words maximum)

Q 5. Describe how this project lines up with the CPC's areas of emphasis in, (a) *spirituality and disability* or (b) *sibling support and disability*?

Check the area(s) of emphasis and describe how your project connects to the selected area:

(a) [ ]. Project, program or activity that supports people who experience a disability to be included and become more involved in their spiritual and faith practices.

(b) [ ]. Project, program, or activity that supports siblings of people who experience a disability.

(c) Provide a description of how the project/program connects to above stated area of emphasis. (75 words maximum)

Q 6. Who is the project/program intended to serve. (explain who you are helping by doing this project in up to 75 words maximum)

Q 7. Write a specific long term project goal that will be met by the end of the project. (75 words maximum)

Q 8. List the short term project goals, specific steps, and time line that will ensure you meet the long term project goal.

Short Term Goals	Specific Steps (numbering is acceptable)	Completion Date

Q 9. Promotion and recruiting plan:

a. Describe how will you promote the project to get additional support or draw attention to the issue for the general population? (75 words maximum)

b. If applicable, describe how will you recruit to get participants for the project? (75words maximum)

Q 10. What collaborations, community partners or other support will you rely on to make your plan succeeds? (at least 1 partner is required, list up to 3 people or organizations that will work with you on this project and describe how they will participate) Please inform the partner ***before*** you list them that they will be contacted by an OHSU UCEDD staff to confirm their contribution/role in the project.

Organization, Community Partner		**Contact Person**	**Phone or Email**	**Project Role/Contribution**
1				
2				
3				

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CPC UCEDD Mini-Grant Budget Sheet

This form asks you to break down the budget by categories and has a field for a short explanation for how the money will be spent. Please describe in brief detail, what the money in each category will be used for. If you will not use a category, write N/A in the description line. Please note that using mini-grant money to purchase food, equipment or services for a specific individual, or alcohol is prohibited.

Only list the items for which you will be spending this grant money. We understand that you may be receiving additional financial support from other sources to complete your project. Please list those partners and their contribution in community partners table on page 5. Attach an additional sheet if needed.

Amount	**Category**	**Budget Description (30 word maximum per category)**
$	Staffing	
$	Supplies /materials	
$	Curriculum	
$	Printing /advertising	
$	Travel & lodging	
$	Speaker stipend(s)	
$	Scholarships	
$	Project evaluation	
$	Other costs specific to the project	
$	Other costs specific to the project	
$	Total requested budget amount	

Due to the dollar amount of the mini grants, 100% of the grant dollars must be spent on expenditures directly related to the project. No administrative overhead/indirect costs are allowable.