

Applying for a Teacher Mini Grant

Start at www.cffmc.org and select “Grants”, “Teacher Mini-Grants.” Follow the link to eGrant.

Click on the link that says: “Click here if you are applying for a teacher mini-grant.”

If you have never applied to the Community Foundation via electronic application, welcome! Please click [here](#) to register.

Applying for a Teacher Mini-Grant? [Click Here](#) to learn how to register.

Login:
Password:

[If you do not remember your account information, click here.](#)

Follow the prompts to create a login. **You will apply as an individual, not as your school district!** Please use your name in the “Organization Name” field and *not* the name of your school.

Enter Organization Name: ← Enter your name, NOT the name of your school.
(or your name if you are applying as an individual)
Choose a login:
Choose a password:
Re-type your chosen password:
Contact name for this account:
Contact e-mail address:

After successful registration, click “Proceed” to begin using the site.

You will come to a screen that has four menu options: Instructions, Drafts, History, and Opportunities. Click on “Opportunities” and then “2016 Teacher Mini-Grant.”

This will take you right into the application!

If you don’t complete the application in one session, you can click on “save” and come back at another time. When you log in, the application will be under the “Drafts.”

On the Project Budget page, you may attach supporting documentation – preferably as a PDF, and preferably only 1 page long. Once your application is complete, click through to the “Finish” screen. Anything that is incomplete will come up and prompt you to fix the missing information.

When everything is filled in, click “Submit My Data.” You’re done! You will get a confirmation email with a copy of your application. Thanks for using eGrant!



community foundation
Muskegon County



community foundation
Oceana County



community foundation
Mason County

Teacher Mini-Grant Application

SCHOOL AND TEACHER INFORMATION:

Foundation applying to: _____

School District: _____ School

Name: _____

School Address: _____ City: _____ State: _____ Zip: _____

Teacher First Name: _____ Last Name: _____ Grade Level/Subject Taught: _____

Work Phone: _____ Cell Phone: _____ E-mail: _____

PROPOSAL SUMMARY: Project Title: _____ # of Students: _____

Total Project Budget: _____ Amount Requested: _____ Project Type: _____

Brief Project Description: (what are the goals of the project, what need will be addressed, what will you do and how, etc.?)

How will this project improve/enhance student learning?

Is this a collaborative project/will other teachers and classrooms be involved? Yes No

Will this project continue beyond the grant period? Yes No

Timetable:

Budget:	Item	Quantity	Cost per item	Item Total	Notes
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

Total Expenses:

Amount Available (if anv) from other

List other sources:

Amount Requested: