

2017 CCAS Mini-Grant Application

Project Title: _____

Amount Requested (up to \$250): _____

School/Organization/Facility: _____

Contact Person: _____

Street Address: _____

City, State and Zip Code: _____

Telephone Number:

E-mail:

(_____) _____

Grade level(s) of students: _____

Number impacted: _____

If grant is awarded, make check out to: _____

Brief description of the project or activities:

Goals and objectives of the project or activities:

Project Budget:

Submit application to:

pleiter@ccfpd.org

--- or ---

CCAS Mini-Grant, c/o Pam Leiter
2573 S Homer Lake Rd
Homer, IL 61849



www.champaigncountyaudubon.org