

# CCAS Mini-Grant Application

Date of 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](mailto:pleiter@ccfpd.org)

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



[www.champaigncountyaudubon.org](http://www.champaigncountyaudubon.org)