

CCAS Mini-Grant Application

Date of Application: _____

Project Title: _____

Amount Requested (up to \$500): _____

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:

mail@champaigncountyaudubon.org



www.champaigncountyaudubon.org