

CDSC MINI-GRANT PROGRAM
Project Application

Date _____

Project title: _____

Name, title and address of person submitting application: _____

Please check one: Instructional project Non-instructional project

Project objectives (desired end result): _____

Budget requested (include specifics i.e. brand name/retail cost of desired equipment):

Description of project activities (specifically, how the activities will achieve the project objectives): _____

CDSC Sponsor Information

Name: _____

Address: _____

Daytime Phone # _____ Evening Phone # _____

E-Mail Address: _____

CDSC sponsor signature: _____

A letter from the CDSC member/sponsor explaining the proposed Mini-Grant project and need MUST accompany this application.

Return application to:

**CDSC - Minigrant Committee
c/o Arc of Meriden/Wallingford
200 Research Parkway
Meriden, CT 06450**

Or email to **minigrant@ctdownsyndrome.org**