

# 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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## CDSC Sponsor Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Email 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 200 Research Pkwy., Meriden  
CT 06450**

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

Revise 8/2013