

**KENTUCKY COUNCIL FOR EXCEPTIONAL CHILDREN
2013-14 MINI-GRANT PROPOSAL FORM**

Chapter: _____

Student Chapter: _____ Subdivision: _____

Name and number of chapter/subdivision:

Name of contact person:

Address: _____

City: _____ Zip: _____

Home phone: (_____) _____

Business phone:(_____)

Proposal addresses the following area:

____ Membership

____ Teacher Training

____ Development & Implementation of a model program

Proposal goals:

Brief description of the proposed project: (please attach description)

Evaluation procedures:

Estimated budget:

Will other funds be used to supplement this grant award? _____

If yes, please explain:

I understand that if the KYCEC mini-grant is awarded to my chapter or subdivision, I must:

1. Submit an article for publication in the spring newsletter which summarizes and evaluated the mini-grant award.
2. Attend the Fall Conference with a report of activities funded by the mini-grant award.

Signature:

Date:

Mail Application to:

Debbie Samples, Mini-Grant Chairperson
149 Overby Drive
Mayfield, KY
debbie.samples@graves.kyschools.us

Send email confirmation of submission to:

debbie.samples@graves.kyschools.us

KYCEC