

**2019-20 MI-ACE Women’s Network Institutional Representative (IR) Micro-Grant Application**

**for**

**Campus-Based Professional Development/Program/Activity**

 Please limit your typed responses to the space provided.

# INSTITUTIONAL INFORMATION:

Name of MI-ACE Institution:

Institution Mailing Address:

Name(s) of Campus IRs

IR Telephone Number(s):

IR Email Address(es):

# PROFESSIONAL DEVELOPMENT/PROGRAM/ACTIVITY:

Activity Title:

Activity Date(s):

Activity Location:

Grant amount you are requesting (range $250-$500): $

*Please also indicate below the reason for your Micro-Grant request/demonstrate need.*

Professional Development/Program/Activity Description (Who, What, When, Where, Why and How):

Describe your plans for publicity and promotion of this Professional Development/Program/Activity.

# PROFESSIONAL DEVELOPMENT/PROGRAM/ACTIVITY GOALS/OBJECTIVES:

What do you hope to accomplish? List specific goals, objectives, expected outcomes, and explain how the program/activity supports the MI-ACE mission.

List the methods of evaluation that will be used for this Professional Development/Program/Activity.

 Will your Institution be providing matching funds? Yes No

 If your Institution will be providing matching funds, indicate if funds are monetary or in-kind (describe type of in-

 kind match).

1. **REQUIRED ATTACHMENT:**

Proposed Program/Activity/Event Budget

# I/We understand that a follow-up grant report is required to be submitted within 45 days following the conclusion of the approved program/activity/event and that the report must include the details described in the “Required Follow-up Grant Award Report” section of the IR Micro-Grant Program Guidelines.

#  Yes \_\_\_

# IR CERTIFICATION: As organizer(s) of this Event, I/we certify this Application is accurate.

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

 Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **MICRO-GRANT APPLICATION DEADLINE DATES**:

**For full consideration, please submit complete Application with all supporting documentation on or before: October 30, 2019. Funds must be used exclusively during 2019-20 (July 2019-June 2020).**

Email Complete Application to: MI-ACE Women's Network

Attention: LeahMonger@ferris.edu