SCC North Mankato and Faribault Campus Foundations are offering mini-grants of up to $500.00 for non-budgeted expenses that will enhance the quality of education for SCC students. SCC faculty, staff and departments may apply.

APPLICATION PROCEDURE:

- Review and Complete Grant Application
  - Provide itemized list of expenses for the project
  - Obtain necessary approvals
- Submit your application in person to the Foundation Office on either campus.
- A Grant Performance Report must be submitted within 30 days of project completion.

DEADLINE: Grant requests must be received by 4 p.m. on the deadline (Oct. 1, Feb. 1 & May 1) for consideration.

- Originators will be notified of their application status no later than the 15th day of the following month.
- Applications submitted after the deadline will be entered into the next grant process for consideration.

LIMITS:

- $500 maximum requested amount per application.
- Up to two awarded grants per program/department per fiscal year.
- One awarded grant per originator per fiscal year.

Priority is given to requests which provide quality student services and:

- A direct benefit to South Central College as it serves its students.
- A benefit to students collectively, rather than a direct benefit for an individual or two.
- Innovative “lean” programs, initiatives or equipment that will benefit students.
- Responds to documented urgent and compelling educational needs.
- Demonstrates other funding sources.

Please recognize the Foundations in print materials and event/program announcements. Grants are made possible through the continuing generosity of many donors. Gifts, like yours, allow South Central College and the Foundation to continue our mission to respond to the educational needs of our community.

Ineligibility: This grant process will not fund individuals or their personal projects, program advertising, raffles, benefit fundraisers, political organizations, campaigns, lobbying/advocacy activities, endowment or capital campaigns, fraternal organizations or societies, salaries, for-profit organizations, or telephone solicitations.

Questions? Call the Foundation office at 507-389-7342 (North Mankato) of 507-332-5808 (Faribault).
Name of Project: __________________________________________

Is this a North Mankato or Faribault Project request? __________________________________________

Brief description of the project (also answer questions such as how many students will benefit, how this project will improve the quality of education/make a difference with our students).

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Is this a new project? Yes No

If not, how was this funded in the past? ______________________________________________________

Length of Project: Start date: _______________ End date: _______________________

Requested Amount: $ ________________ *Itemized list of expenses must be attached
(max. $500)

When are funds needed? Date: _______________ Cost Center for Project: _______________________

Have you received a grant from us before?

  o  No
  o  Yes. If Yes, this application will not be accepted unless we have a Final Report on file for previous grants.

If this grant is not funded, how will it affect your project?

________________________________________________________________________________________
Page 2: Signatures

This request is not complete until all signatures are obtained. Signature approvals below indicate that grant funds will only be used in the manner and time frame described within this application. As appropriate, we reserve the right to share your statements with others.

Originator: ______________________________________________________________

Print Name: ______________________ Title: ________________________________

Phone: ______________________ Email: ________________________________

Department Chair/Supervisor: ____________________________________________

Print Name: __________________________________________________________

Dean (if applicable): ___________________________________________________

Print Name: __________________________________________________________

Vice President Student & Academic Affairs: ________________________________

Print Name: ________________________________ Date:________________________

For Office Use Only

Request #: Amount: $_________

Date: ________________
  o Approved
  o Declined
  o Notified
  o Final Grant Report Received – Date: ________________

Notes: ________________________________________________________________________________________________

Rev: August 2015