



Golden Corridor Association for the Education of Young Children

GoAEYC Mini Grant Application in Recognition of Week of the Young Child 2019

Respond to the questions and complete the project implementation chart below.

APPLICANT INFORMATION

GoAEYC member name: _____

Email address: _____

Program name/address: _____

Number of children served: _____ CCAP recipient: yes / no

Indicate specific Date you are applying the Mini grant for:

- Music Monday- April 8
Tasty Tuesday- April 9
Work Together Wednesday- April 10
Artsy Thursday- April 11
Family Friday- April 12

PROJECT OBJECTIVES AND ACTIVITIES

In a few short sentences, list your objectives for this grant.

Blank lines for project objectives and activities.

Who will benefit from this grant, and in what specific ways?

Blank lines for beneficiaries and specific ways.

What will the funds be used for?

Blank lines for fund usage.

PROJECT IMPLEMENTATION SCHEDULE

Outline your project implementation schedule.

Table with 3 columns: Location, Activity, Duration. Contains 3 empty rows for scheduling.

Please use additional page to include more details is needed.

Submit by December 1, 2018 to Info@GoAEYC.org