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| Date Application Received:  |  |
| Approved Amount:  | $  |
| SFMGC Decision Date: |  |
| Approved:  | Yes [ ]  | No [ ]  |
| SFMGC Chair Signature:  |  |
| Date Report Received:  |  |

**Staff and Faculty Mini-Grant Application**

A completed application will be considered using the Staff and Faculty Mini-Grant Committee (SFMGC) guidelines**. Return the completed application electronically (via email) to the Staff and Faculty Mini-Grant chair before the 1st of the month for consideration and response/decision within two weeks. Applications submitted after the 1st of each month will be reviewed the following month. Incomplete applications will be returned to the applicant for resubmission.**

Please Type:

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| Name: |  | Project Title: |  |
| Division:  |  | Supervisor/Division Chair: |  |
| Is this a new project?  | Yes [ ]  No [ ]  | Have you received funding from SFMGC this fiscal year?  | Yes [ ]  No [ ]  |

1. **Description of the project:**

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1. **Rationale for how the project will benefit the faculty, staff, students, UNM-G, or the communities at large:**

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1. **Expected outcomes or products of this project:**

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1. **Describe the timeline for the project, action steps, resources needed, and the person responsible for each action step.**

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| **I. Timeline:****II. Action Steps:****III. Resources:****IV. Responsible Person:** |

1. **Estimated budget with justifications:**

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| **Estimated Project Budget**

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| Budget Item | Description | Total Cost |
| 1. |  | $00.00 |
| 2. |  | $00.00 |
| 3. |  | $00.00 |
| 4. |  | $00.00 |
| 5. |  | $00.00 |
| 6. |  | $00.00 |
| 7. |  | $00.00 |
| 8. |  | $00.00 |
| Total Project Budget |  | **$00.00** |

**Justifications:** |

1. **What other funding sources have you explored? Give Details. (Note: funds for this grant must be expended by June 30 of the fiscal year awarded.)**

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1. **If application is approved, the applicant must electronically submit the written final report as a pdf file to the Committee Chair within 15 days upon completion of the project.**

APPLICANT STATEMENT:

**I WILL SUBMIT A ONE-PAGE REPORT TO THE CHAIR OF THIS COMMITTEE AND MY SUPERVISOR/DIVISION CHAIR (WITHIN 15 WORKING DAYS OF THE COMPLETION OF THE PROJECT) DESCRIBING MY ACTIVITIES AND HOW THE UNIVERSITY BENEFITED FROM THEM.**

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| **Applicant Signature:** | **Date** |

**TO DOCUMENT YOUR SUPERVISOR’S AWARENESS OF YOUR APPLICATION, PLEASE REQUEST YOUR SUPERVISOR/DIVISION CHAIR TO SIGN BELOW.**

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| **Supervisor/Division Chair’s Signature:** | **Date** |

**Staff and Faculty Mini-Grant Committee Comments only:**

*Approved or Disapproved and reason for disapproval*

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| **Chair of SFMGC’s Signature:** | **Date** |

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| **SFMGC Member’s Signature:** | **Date** |

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| **SFMGC Member’s Signature:** | **Date** |

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| **SFMGC Member’s Signature:** | **Date** |

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| **SFMGC Member’s Signature:** | **Date** |

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| **Dean of Instruction’s Signature:** | **Date** |