

**UNMC Students ROCK
Mini-Grant Application for Partner Schools**

Title of Project: _____

Amount Requested: \$ _____

Applicant Organization: _____

Address: _____

City/State: _____ **Zip:** _____ **County:** _____

Tax I.D. # (include non-profit Federal Tax verification): _____

Project Director: _____

Work Phone: (_____) _____ **Fax:** (_____) _____

E-Mail: _____

Finance Person in charge of budget (if different from project director):

Finance Person: _____

Phone: (_____) _____ **E-Mail:** _____

Complete proposal must include application, narrative, budget request sheet and letter of support.

UNMC Students ROCK Program Mini-Grant Budget Form

	<u>Vendor Name</u>	<u>Item Description</u>	<u>Unit Price</u>	<u>Quantity</u>	<u>Total</u>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Budget Total:

This budget form must list each item you plan to purchase as detailed in the proposal.