



## Professional Development Mini-Grant Application

**Name of Chapter:**

**Project Beginning Date:**

**Project Ending Date:**

**Contact Person:**

**Address:**

**Phone:**

**Fax:**

**E-mail:**

**Has your chapter received a mini-grant previously from ESP?**  Yes  No

**If YES, date received:**

**Project Team Members Names/Titles:** (Indicate representation from Epsilon Sigma Phi [with \* indicating current member(s)], agent or specialist associations, and subject matter specialization.)

1. **Project Title:**
2. **Professional Development Issues to be addressed:**
3. **Brief Description of Proposal:**
4. **Grant Amount Requested: \$**
5. **Contact Person/Project Leader** (signature) **Date:**
6. **Support of Chapter President** (signature) **Date:**
7. **Support of Director of Extension** (signature) **Date:**

**8. Narrative:**

**a. Project Objectives:**

**b. Results/Outcomes Anticipated:**

**c. Methods to be used:** (Action plans include expertise to be used, and how project might be used, and how project might be used or replicated in Chapters.)

**d. Evaluation Plans:** (To assess the impact/results/outcome of the project)

**e. Budget Requirements:** (Include cash and in-kind contributions by chapter, agent/specialist associations and/or Extension.) Also, specify how ESP funds will be used.

SEND ELECTRONICALLY THE COMPLETED APPLICATION with signatures of support from the Chapter President and Director of Extension to: National Executive Director (names and addresses listed in the directory). Application must be submitted no later than close of business on February 1.