

South Central Indiana AHEC – Mini-Grant Program 2023-2024 Cover Page Form

Project Title: _____

Organization Name: _____

Project Director & Title: _____

Address: _____

Email: _____

Phone: _____

Fax: _____

Grant Contact: _____

Phone: _____

Fax: _____

Total Amount Requested: _____

Project Date(s): _____

Name & Title of Approving Personnel: _____

Signature & Title of Approving Personnel: _____

Project Narrative

The project narrative must include the following information in the order listed.

- a. **Project Abstract** – Less than or equal to 250 words
- b. **Project participants** – Who are the project participants, what is their age (if youth), and how many will participate in the program? How will project participants be recruited? If working with youth, how will you target participants from among under-represented minority groups, as well as educationally or economically disadvantaged students? If working with health professions students or health professionals, how will the project contribute to improving the distribution, diversity or quality of health professions workforce in South Central Indiana.
- c. **Project Objectives** - What is to be accomplished, including the learning goals? If working with youth, how will this project influence a student to pursue a health career? If working with health professions students or health professionals, how will the project improve quality of care provided by primary care health professionals and/or students?
- d. **Project Description** – What activities or strategies will be used? Will the project be sustainable after grant funding ceases?
- e. **Project Timeline** – When will project activities or strategies be completed?

Project Budget Form – SCI AHEC

Categories	In-Kind Local Support	Mini-Grant Request	Total Project Budget
Salaries and Wages			
Fringe Benefits			
Equipment			
Supplies and Materials			
Contractual			
Travel			
Other			
Total			

Budget Justification

Explain how the costs of each budgeted item is calculated, and how each is related to accomplishing project goals. Include positions for personnel and names for consultants, if known. In-kind may be listed as part of your local contributions. **Request can't exceed over \$3,000.00, but request does not mean you will receive the full amount.**

Costs for food, as well as indirect costs, are not permitted.

The project justification is limited to one, single-spaced page. This is in addition to the page limit for the project narrative.