

The Miami-Dade Coalition has made funds available in the form of mini-grants (\$500 or less), to assist programs and individuals within community schools, adult/vocational centers and childcare programs. All requests must pertain to community education, and only those applications adhering to the instructions detailed below will be considered for funding.

**MIAMI- DADE COALITION FOR COMMUNITY EDUCATION
Special Purpose Sponsorship Request**

1. Applications received by the following dates will be considered for funding within two (2) weeks of deadline. Sponsorship recipients will be notified by the end of that month.

APPLICATION DEADLINES

**November 12
February 12
April 12**

2. Funding is reserved for persons or programs requiring assistance with the pursuit of lifelong learning through community schools. Examples of support may include class or conference fees, childcare costs, class materials, and textbooks.
3. Funds are not to be requested for teacher salaries or supplements. Priority is given to requests from schools and individuals pursuing community education.

REQUIREMENTS

4. Forward **six (6) copies** of the completed application packet, including an itemized budget, a program description, and any other support documentation to:

**Bureau of Community Services
9619 SBAB Rm. 726-A
ph: (305) 995-1215 FX: (305) 995-1219**

5. Grantees must submit a final budget representing expenditures funded by the Coalition, along with documentation of spending (such as receipts, purchase orders, canceled checks) within **six (6) weeks** of use.
6. A representative from every recipient program or school must be assigned to participate on the planning committee for the Coalition's annual fundraising event.

Miami-Dade Coalition for Community Education
Special Purpose Sponsorship Request
(See instructions)



Mail code

Date

Name of person submitting application

Title

Name of school/organization

Address

City

Zip

Telephone

A. TOTAL AMOUNT REQUESTED= _____ B. Date(s) of Program: _____

C. Attach an itemized budget, **INCLUDING** any other source of funding received for this request/purpose/project

D. Funds to be utilized for:

- Fees for students unable to pay
- Materials for students unable to pay
- Transportation for students unable to pay
- Support for a program/project/field trip
- Childcare
- Other: **must** specify _____

E. Total students affected by sponsorship: _____

For auditing purposes, please provide the population distribution for those who will be assisted:

- | | | |
|---------------------------------|---|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Pre Kindergarten | <input type="checkbox"/> American Indian, Eskimo |
| <input type="checkbox"/> Female | <input type="checkbox"/> Kindergarten-5th Grade | <input type="checkbox"/> Black |
| | <input type="checkbox"/> 6 - 8th Grade | <input type="checkbox"/> Haitian |
| | <input type="checkbox"/> 9 - 12th Grade | <input type="checkbox"/> Hispanic |
| | <input type="checkbox"/> Adult | <input type="checkbox"/> White, Non-Hispanic |

F. Check payable to: _____

G. All of the above information is accurate. I agree to provide the Coalition with a complete report of the dollars utilized within **six weeks** of program implementation. I attest that I have adhered to all procedures listed on the reverse side.

Name (Type or print)

Signature

Date

Committee Approval:

Doris Nesbit

Richard Ward

Dr. Mildred Cohn

Dannie McMillon

Patricia Vegnani