**Small Grants Proposal**

**Coversheet**

*Please fill out this form and email it to grants@hollingscenter.org with your narrative, budget, and other required documents.*

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| **Primary Point of Contact:** | | | |
| First Name: | | Middle Name: | |
| Last (Family) Name: | | | |
| Institution/Organization: | | | |
| Title: | | | |
| Email: | Telephone: | |  |
| Mailing Address: | | | |
| City, Postal Code: | | | |
| Country: | | | |

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| --- | --- | --- | --- |
| **Secondary Point of Contact (Optional):** | | | |
| First Name: | | Middle Name: | |
| Last (Family) Name: | | | |
| Institution/Organization: | | | |
| Title: | | | |
| Email: | Telephone: | |  |
| Mailing Address: | | | |
| City, Postal Code: | | | |
| Country: | | | |

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| **Title of Proposed Project:** |

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| **Type of Activity Proposed:** | |
| Organization of aseminar/workshop/  conference/panel | Participation in conference or workshop |
| Research | Other, please describe: |

|  |  |
| --- | --- |
| **Proposal Abstract (100-150 words):** | |
|  | |
| **Proposed Start Date:** | **Proposed End Date:** |
| **Amount of Funding Requested:** |  |