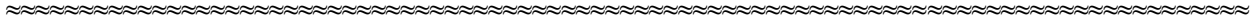


STATE UNIVERSITY OF NEW YORK COLLEGE AT CORTLAND
Cortland College Foundation, Inc.
Faculty Development Center, Memorial Library
Phone: 753-2088
Fax: 753-5669



SMALL GRANT REQUEST FORM

Submitted by _____

Dept/Organization _____ Phone No. _____

Campus Address _____

Date of Request _____ Amount Requested _____ Date Needed _____

Make Check Payable to _____



PROJECT/PROPOSAL (Please address how the project meets the stated criteria):

BUDGET (Please itemize all sources of funding sought, both received and not received):



THIS PROGRAM IS INTENDED TO FUND EDUCATIONALLY-RELATED PROJECTS UP TO \$500.

SEE REVERSE SIDE FOR ENDORSEMENTS.....

