Before beginning the MiniGrant application process, please see the COLS Information Technology MiniGrant web page ([https://www.uwsp.edu/cols/Pages/CST/MiniGrant.aspx](https://www3.uwsp.edu/cols/Pages/CST/MiniGrant.aspx)) for additional information on the program.

**Application Instructions**

1. Consult With Your CST

Before completing the MiniGrant application, please contact the College Support Team (CST) representative for your department to discuss your proposal. CST Department assignments can be found on the COLS Information Technology page ([https://www.uwsp.edu/cols/Pages/CST/](https://www3.uwsp.edu/cols/Pages/CST)). Your CST will help you plan your request, identify possible issues, evaluate alternatives using existing resources, ensure your request meets campus standards and requirements, and provide cost estimates.

MiniGrant proposals not consulted on by a member of the COLS College Support Team prior to submission will not be funded.

1. Complete the Application

Complete the application form included on page two of this document. Narratives should be kept brief (roughly 1-3 paragraphs) and include your goals and how they will help you achieve the mission of the University. If your department will be providing funds in addition what is requested in the proposal, please provide the amount of those funds.

1. Seek Department Chair Signature

Have your Department Chair rank and sign the grant application in the section provided at the bottom of the document.

1. Submit Application

Please submit the application and any supporting materials to the COLS Dean’s Office (CBB 200) prior to 4pm on the deadline listed above. This page does not need to be included in the submitted application.

If you have any questions, please contact the COLS Dean’s Office prior to submitting the form. The Dean’s Office will not ask for clarifications or additions to your proposal after it has been submitted.

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| **Title** |  |
| **Name** |  |
| **Department** |  |
| **Date** |  |
|  | |
| **Narrative** | |
|  | |
|  | |
| **Itemized Budget** | |
| (IT Purchasing order forms or quotes may be attached in lieu of an itemized budget) | |
|  | |
|  | |
| Name of CST Consulted: |  |
|  | |
| Section below to be completed by Department Chair only | |
| Department Rank: |  |
|  | |
| Signature Date | |