



HARTFORD CONSORTIUM  
FOR HIGHER EDUCATION  
Capital Community College | Central Connecticut State University  
Goodwin College | Hartford Seminary | Manchester Community College | St. Thomas Seminary  
Trinity College | UCONN – Hartford Campus | University of Hartford | University of Saint Joseph  
Connecticut Public/WNPR/CPTV

## FACULTY GRANT APPLICATION COVER SHEET

### SECTION A

Name of lead sponsor institution: \_\_\_\_\_  
 Name of lead sponsor project principal: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Name of second institution: \_\_\_\_\_  
 Name of project principal: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Name of third institution: \_\_\_\_\_  
 Name of project principal: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### SECTION B

Project/program name: \_\_\_\_\_  
 Purpose of grant (Briefly, in 2-3 sentences, describe the nature and purpose of the project)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Project period: \_\_\_\_\_ to \_\_\_\_\_ Requested grant amount: \_\_\_\_\_

Signature of lead sponsor principal: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of second institution principal: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of third institution principal: \_\_\_\_\_ Date: \_\_\_\_\_



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## **FACULTY GRANT APPLICATION ATTACHMENTS**

### **Project Narrative**

In no more than 3 typed pages, describe the proposed project. The narrative should contain the purpose, beneficiaries, anticipated impact/changes, and method of assessing project success

### **Project Budget**

A detailed budget showing all projected revenue, revenue sources, and proposed expenses

### **Letters of Support**

Each participating institution must submit a letter, on institutional letterhead and signed by the department head or supervisor, indicating institutional support for the proposed project.