

## 2025-2026 LBCC Student Equity Minigrant Application

*Theme: Student Engagement, Connection, Belonging, Mattering with a focus on Black and First Gen students*

Awards range from \$100-\$5,000

### Important Note!

Your Dean/Department Head/Supervisor/Advisor must be aware of your Minigrant Proposal submission.

By clicking "Acknowledge" below, you affirm your Supervisor/Advisor has been informed and has approved the submission of your Minigrant Proposal.

✓ Acknowledge

### Part 1: Requestor Information

Requestor Name:	
Affiliation: Department/Program and/or Club	
Email:	
Phone/Extension:	
Approvers: Dean/Department Head/Supervisor:	
Date:	

### Part 2: Project Overview

A) Project Name:	
B) Project Primary Lead(s) name/email (this should include requestor and any additional leads).	
C) Project Description: (3500 character limit)	
D) How many participants do you expect your project to serve?	<input type="checkbox"/> Students: Approximate student participants: _____ <input type="checkbox"/> Faculty: Approximate faculty participants: _____ <input type="checkbox"/> Staff: Approximate staff participants: _____

(check all that apply)	
<b>Part 3: Project Details</b>	
<b>A) This project will impact student success by increasing....</b>	<input type="checkbox"/> <b>Access</b> to the institution for disproportionately impacted groups <input type="checkbox"/> <b>Course success</b> for disproportionately impacted groups <input type="checkbox"/> <b>Transfer English completion</b> for disproportionately impacted groups <input type="checkbox"/> <b>College level Math completion</b> for disproportionately impacted groups <input type="checkbox"/> <b>Degree completion</b> for disproportionately impacted groups <input type="checkbox"/> <b>Certificate completion</b> for disproportionately impacted groups <input type="checkbox"/> <b>Transfer to a four-year institution</b> for disproportionately impacted groups
<b>B) What are your project's main activities?</b> <i>(examples: Outreach, providing support services, curriculum adaptation, course development, instructional support).</i> <i>Limit to 2,000 characters per activity</i>	<b>Activity 1:</b>  <b>Activity 2:</b>  <b>Activity 3:</b>  <b>Activity 4:</b>
<b>C) Does this project involve working directly with students?</b> <i>(Choose all that apply)</i>	<input type="checkbox"/> Yes – by intervening directly in the classroom or by targeting specific courses and curriculum for instructional support <input type="checkbox"/> Yes – by providing extracurricular support services such as counseling services, financial advising, or transportation services <input type="checkbox"/> Yes – by integrating students into a one-time event or activity such as a conference, workshop, or event <input type="checkbox"/> No – this project primarily involves improving student outcomes indirectly by working with faculty and/or staff through professional development <input type="checkbox"/> No- this project primarily involves updating curriculum or creating new coursework

	<input type="checkbox"/> Other _____
<b>D) Which specific student population(s) will your project serve?</b>	<input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> White <input type="checkbox"/> Some other race <input type="checkbox"/> More than one race <input type="checkbox"/> Students with disabilities <input type="checkbox"/> Low-income students <input type="checkbox"/> LGBTQIA+ Students <input type="checkbox"/> Veterans <input type="checkbox"/> Current of Former Foster youth <input type="checkbox"/> Formerly Incarcerated students
<b>E) What are your project's expected outcomes?</b> <i>(Examples: knowledge, awareness gained, increased access/persistence/majors, etc).</i>	
<b>F) How will you evaluate these outcomes?</b> <i>(Examples: post-event survey, review of institutional data, increased course success/program completion, etc.)</i>	
<b>G) Preliminary budget: Describe the budget needed to support the project. Please provide an estimated</b>	

range for the cost for each budget category.

Also please let us know if you are applying for other types of funding to support this project.

*(Examples: stipends, duplicating needs, food, travel costs)*

***Note: clothing and individual memberships to organizations are not allowable costs***