

2023-2024 LBCC Student Equity Minigrant Application

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

Important Note!

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

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

- My Supervisor/Advisor has been informed and has approved my Minigrant Proposal
Submission

Part 1: Requestor Information

| | |
|--|--|
| Submitter's Name: | |
| Department/Program and/or Club Affiliation: | |
| Email: | |
| Phone/Extension: | |
| Dean/Department Head/Supervisor: | |
| Date: | |

Part 2: Project Summary

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|---|--|
| A) Project Name: | |
| B) Project Lead name/email (if differs from submitter information above). | |
| C) Project Description: | |
| D) How many participants do you expect your project to serve? (check all that apply) | <input type="checkbox"/> Students; Approximate participants: _____ <input type="checkbox"/> Faculty; Approximate participants: _____ <input type="checkbox"/> Staff; Approximate participants: _____ |

Part 3: Project Details

| | |
|---|--|
| <p>A) This project will impact student success by increasing....</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Access to the institution for disproportionately impacted groups <input type="checkbox"/> Course success for disproportionately impacted groups <input type="checkbox"/> Transfer English completion for disproportionately impacted groups <input type="checkbox"/> College level Math completion for disproportionately impacted groups <input type="checkbox"/> Degree completion for disproportionately impacted groups <input type="checkbox"/> Certificate completion for disproportionately impacted groups <input type="checkbox"/> Transfer to a four-year institution for disproportionately impacted groups |
| <p>B) What are your project's main activities? <i>(examples: Outreach, providing support services, curriculum adaptation, course development, instructional support).</i></p> | <p>Activity 1:</p> <p>Activity 2:</p> <p>Activity 3:</p> <p>Activity 4:</p> |
| <p>C) Does this project involve directly working with students? <i>(Choose all that apply)</i></p> | <ul style="list-style-type: none"> <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 _____ |

| | |
|--|---|
| <p>D) What are your project's expected outcomes? <i>(Examples: knowledge, awareness gained, increased access/persistence/majors, etc).</i></p> | |
| <p>E) How will you evaluate these outcomes? <i>(Examples: post-event survey, review of institutional data, increased course success/program completion, etc.)</i></p> | |
| <p>F) Which specific student population(s) will your project serve?</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Black/African-American students <input type="checkbox"/> Native American students <input type="checkbox"/> Asian Pacific Islander Desi students <input type="checkbox"/> Hispanic/Latinx students <input type="checkbox"/> White students <input type="checkbox"/> Students with disabilities <input type="checkbox"/> Low income students <input type="checkbox"/> LGBTQ++ Students <input type="checkbox"/> Veterans <input type="checkbox"/> Foster youth <input type="checkbox"/> Formerly Incarcerated students |
| <p>G) Preliminary budget: Describe the budget needed to support the project. Please provide an estimated range for the cost for each budget category.</p> <p>Also please let us know if you are applying for other</p> | |

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