**Grant Application for Pennsylvania Inclusive Higher Education Consortium (PIHEC) Mini-Grant Funding**

***Cover Page***

Federal I.D. #:

Fiscal Contact:

Contact Person:

Applying Entity:

Grant Period Request:

Amount of Funds Requested:

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Printed Name of Accountability Officer Title

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Signature of Accountability Officer Date

***Budget / Budget Narrative***

**Abstract**

Purpose and Goals:

Overview of Objectives:

Summary of Activities during Grant Period:

Partners:

**Narrative**

**Letter(s) of Support**