

**CNYSLHA MINI GRANTS (IN MEMORY OF SANDY LADD)**

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Contact information: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Grant Title: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Number of clients served (OR) number of persons impacted in facility/community: \_\_\_\_\_

Approximate begin/end dates of project: \_\_\_\_\_

Grant request: (\$50-\$100) \_\_\_\_\_

(Please remember to include tax and shipping if needed in your request.)

Communication, Speech/Language, Audiology, or Professional Goals/Objectives related to this project:

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Project description: (1 paragraph)

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Signature: (By signing this application you indicate that you are a current member of CNYSLHA and agree to briefly share your project with the membership through discussion, photos, written narrative, demonstration, or display at the Annual dinner):

\_\_\_\_\_

Please send grant to Floris Palmer (701 1st Street, Liverpool, NY 13088) by Dec. 31, 2016.

Questions? Contact Floris Palmer at [fpalme24@gmail.com](mailto:fpalme24@gmail.com)

