

**Pennsylvania Higher Education Suicide Prevention Coalition
Mini-Grant Application
FY 2020-2024**

Name Today's Date

Position

College/University

Address Email Address
 Phone Number

Amount Requested Start Date End Date

How will the funds be used?

What is the purpose of your project and how will this support suicide prevention on your campus?

You may submit up to one (1) additional page, if necessary.
Additionally, please attach a one-page detailed budget proposal.