



**New Jersey State Department of Health  
APPLICATION FOR MINI-GRANT FUNDS  
(\$36,000 OR LESS)**

*(Attach additional sheets if necessary.)*

**ASSESSMENT OF NEED(S) - List the need(s) that illustrate the reason for the project:**

**OBJECTIVE(S) OF PROJECT - List what will be done to alleviate "Needs" described above:**

**COST OF PROJECT - Indicate costs related to project:**