



# Innovation Grant Application

## 2017

### General Information

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Project Title: \_\_\_\_\_

Supervising Dean's Signature \_\_\_\_\_

### Application Requirements

- All applications must use this completed form as the cover page.
- Complete the Foundation's application budget page and attach to your application.
- Please do not include any supplemental materials (brochures, letters of support, etc.)
- A summary of the grant request (250 words or less)
- Using no more than five, 8½ x 11 single-sided sheets of paper, please tell us about your proposal. Be sure to include the following, and label the information in your narrative:
  - a) The purpose of your request
  - b) A definition of the need, including how the need has been determined
  - c) The targeted population (if submitting for travel, discuss what groups will benefit)
  - d) A description of the project
  - e) Your expected results
  - f) Your timetable and process for achieving results
  - g) How you will evaluate the success of your proposal

### Type of grant requested

Project/Program \_\_\_\_\_ Honarium \_\_\_\_\_ Travel \_\_\_\_\_

Equipment \_\_\_\_\_ Other \_\_\_\_\_

### Financial information

Time period of your project: From \_\_\_\_\_ to \_\_\_\_\_ Date when funds will be needed: \_\_\_\_\_

Total project cost \$ \_\_\_\_\_ Innovation grant requested \$ \_\_\_\_\_ (Not to exceed \$1,500)

### Other funding sources

**Submit** two copies of the completed application. Mail by inter-office, addressed to the Foundation - Grants Program, email to [tbrooks@wallace.edu](mailto:tbrooks@wallace.edu) or dropped off by September 21, 2016. The Foundation office is located in the Center for Economic and Workforce Development.

Questions? You may find your answer on our website at <http://www.wallace.edu/foundations>. If not, call the Foundation office at 334-556-2626, or email [tbrooks@wallace.edu](mailto:tbrooks@wallace.edu).



# Innovation Grant Application

## Budget Page

### 2017

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Project Title: \_\_\_\_\_

#### Project Revenue:

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
<b>TOTAL</b>	\$	_____

#### Project Expenses:

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
<b>TOTAL</b>	\$	_____

**How will the dollars specifically be used?**

Signature \_\_\_\_\_ Print Name Here \_\_\_\_\_  
Title \_\_\_\_\_