

## **Innovation Grant Application**2015

## **General Information**

Applicant:	Date:			
Applicant Signatur	e:			
Cmail: Telephone:				
Project Title:				
	Signature			
<ul> <li>Complete the Please do not please d</li></ul>	ons must use this completed form as the cover page.  e Foundation's <u>application budget page</u> and attach to your application.  t include any supplemental materials (brochures, letters of support, etc.)  of the grant request (250 words or less)  ore than five, 8½ x 11 single-sided sheets of paper, please tell us about your proposal. Be  e following, and label the information_in your narrative:  purpose of your request  efinition of the need, including how the need has been determined  targeted population (if submitting for travel, discuss what groups will benefit)  escription of the project  r expected results  r timetable and process for achieving results  you will evaluate the success of your proposal	sure		
Type of grant rec	nested			
Project/Program	Honorarium Travel			
Equipment	Other			
Financial informations Time period of your project:	Date when funds will be From to			
Total project cost	\$ Innovation grant requested _\$ (Not to exceed \$1,500)			
Other funding sou	·ces			

**Submit** two copies of the completed application. Mail by inter-office, addressed to the Foundation - Grants Program, or dropped off by <u>December 16, 2014</u>. 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 <a href="mailto:tbrooks@wallace.edu">tbrooks@wallace.edu</a>.



## **Innovation Grant Application**

## Budget Page 2015

Applicant:	Date:		
Project Title:			
Project Revenue:			
			\$
			\$
			\$
			\$
	ТОТ	AL	\$ 
Project Expenses:			
			\$
			\$
			\$
			\$ \$
			\$
			\$
	TOT	AL	\$
How will the dollars specifically be used?			
Signature	Print Name Here		
Title			