

## **Innovation Grant Application**2016

## **General Information**

Applicant:			Date:			
Applicant Signatu	re:					
Email:	mail: Telephone:					
Project Title:						
Supervising Dean <sup>5</sup>	's Signature					
<ul> <li>Complete t</li> <li>Please do n</li> <li>A summary</li> <li>Using no m to include t</li> <li>a) Th</li> <li>b) A c</li> <li>c) Th</li> <li>d) A c</li> <li>e) Yo</li> <li>f) Yo</li> </ul>	tions must use thing he Foundation's a not include any super of the grant requested than five, 8½ he following, and the purpose of your definition of the notes.	pplication budge pplemental mater test (250 words of x 11 single-sided label the informate request eed, including hote ion (if submitting project is	d sheets of paper, plea ation in your narrative by the need has been g for travel, discuss we wing results	es of support ase tell us ab e: determined	t, etc.) oout your proposal.	Be sure
Type of grant re	quested					
Project/Program	H	onorarium _	Travel			
Equipment	0	ther				
Financial inform Time period of your project:	ation From	to	Date when fund	s will be ne	eded:	
Total project cost	\$	Innovation gr	ant requested \$		_ (Not to exceed	<b>\$1,500</b> )
Other funding so	urces					

**Submit** two copies of the completed application. Mail by inter-office, addressed to the Foundation - Grants Program, email to tbrooks@wallace.edu or dropped off by December 17, 2015. 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.



## Innovation Grant Application Budget Page 2016

Applicant:	Date:		
Project Title:			
Project Revenue:			
			\$
			\$
			\$
			\$
	TOT	<b>FAL</b>	\$ 
Project Expenses:			
			\$
			\$
			\$
			\$ •
			\$
			\$
	TOT	TAL	\$
How will the dollars specifically be used?			
Signature	Print Name Here		