

Innovation Grant Application

2015

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| **General Information** | | | | | | | |  | | | | | | | | | | |
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| **Applicant:** | |  | | | | | | | | | |  | **Date:** | | |  |  | |
|  | | | | | | | | | | | | | | | | | | |
| **Applicant Signature:** | | | | |  | |  | | | | | | | | | | | |
|  | | | |  | |  | | | | |  | | | |  | |  | |
| **Email:** |  | | | | | | | | |  | **Telephone:** | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | | |
| **Project Title:** | | |  | | | | | | | | | | | | | | | |
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| **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:
  1. The purpose of your request
  2. A definition of the need, including how the need has been determined
  3. The targeted population (if submitting for travel, discuss what groups will benefit)
  4. A description of the project
  5. Your expected results
  6. Your timetable and process for achieving results
  7. How you will evaluate the success of your proposal

**Type of grant requested**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project/Program** |  |  |  | **Honorarium** |  |  |  | **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, or dropped off by December 16, 2014. 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

2015

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| Applicant: | | |  | | | | |  | Date: | |  |  | | | | | |
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| Project Title: | | | |  |  | | | | | | | | | | | | |
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| Project Revenue: | | | | | | | | | | | | | | | | | |
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| **Project Expenses:** | | | | | | | | | | | | | | | | | |
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| **How will the dollars specifically be used?** | | | | | | |  | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | |
| Signature | |  | | | |  | Print Name Here | | |  | | | | | | | |
| Title | |  | | | | | | | | | | | |  | |  | |