

# FACULTY AND STAFF INNOVATION GRANTS

**Instructions:** Applications must be typed or printed and all questions answered. If you require additional space, please attach a separate sheet.

Last Name		First Name		MI
Title		Department		
Office Telephone		Mailstop		Amount Requested
<b>If this is a team application, please list the team members</b>				
<b>Description of Project or Equipment</b> <i>(please itemize project budget and equipment costs)</i>				
<b>What are the expected outcomes from the project and how will it benefit students?</b>				
<b>Why is this project innovative? How will you measure the success of the project?</b>				
<b>Applicant's Signature</b>				
Signature				Date
<b>Endorsement of Administrators</b> <i>(Why do you support this request in comparison with other requests from your division? What is the impact if this request is not funded?)</i>				
If applicable, please verify that the following departments have been notified: <input type="checkbox"/> Information Technology <input type="checkbox"/> Facilities <input type="checkbox"/> Marketing				
Please list any other departments that are impacted by this proposal				Have they been contacted?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Administrators' Signatures</b>				
Signature of Director or Dean				Date
Signature of Appropriate Vice President				Date