



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	

If this is a team application, please list the team members

Description of Project or Equipment (please itemize project budget and equipment costs)

What are the expected outcomes from the project and how will it benefit students?

Why is this project innovative? How will you measure the success of the project?

Applicant's Signature

Signature	Date
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Endorsement of Administrators
(Why do you support this request in comparison with other requests from your division? What is the impact if this request is not funded?)