



**2018 - 2019 College of Completion Innovation Grant Application**

**\*\*\* Applications will be accepted starting April 23, 2018 and due June 1, 2018 \*\*\***

Since 2012, The Citrus College Foundation has awarded more than \$20,000 each academic year to projects that align with the college’s Annual Implementation Plan (AIP). This exciting opportunity will be given to projects that have measureable outcomes and where impact of activity can be evaluated.

**GRANT REQUEST FOR:** \_\_\_\_\_

**AMOUNT REQUESTED:** \_\_\_\_\_

**DETAIL OF REQUEST:** Attach information that provides specific responses to the following:

- (1) Describe the project or purpose for which the funds are requested.
- (2) Describe which objective(s) of the Annual Implementation Plan the project aligns with.
- (3) Will the project benefit if the request is only partially funded?
- (4) Complete the attached budget summary.

**APPLICANT:** \_\_\_\_\_ / \_\_\_\_\_  
(Signature) (Print Name)

**TITLE/POSITION:** \_\_\_\_\_ Date \_\_\_\_\_

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**Approval by Director/Dean and Vice President is required.**

This proposal is in agreement with the goals and objectives of this department and represents priorities in the Annual Implementation Plan.

**DIRECTOR/DEAN:** \_\_\_\_\_ Date \_\_\_\_\_

**VICE PRESIDENT:** \_\_\_\_\_ Date \_\_\_\_\_

Additional Comments:

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Budget Summary

GRANT REQUEST FOR: \_\_\_\_\_

AMOUNT REQUESTED: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

Table with 2 columns: Description and Amount. Rows include Certificated Salaries, Classified Salaries, Benefits, Supplies, Operating, Capital Outlay, and Total.

\*Attach copies of invoices, quotes or estimates if applicable.

Additional Comments by Applicant (you may attach additional sheets of paper):
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Thank you for your application. For any questions or inquiries please contact the Citrus College Foundation Office at 626 914-8825 or foundation@citruscollege.edu

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Citrus College Foundation Office Use Only:

Date Received: \_\_\_\_\_

By: \_\_\_\_\_

Requirement Checklist:

\_\_\_\_ Signed by Director/Dean
\_\_\_\_ Detail of Request

\_\_\_\_ Signed by Vice President
\_\_\_\_ Budget Summary