



NOCCCD Innovation Fund Application Form

1. Name of Innovation Fund Project: _____

2. Contact Information

- Initiator / Primary Contact _____
- Title _____
- College / Site _____
- Phone _____
- E-mail _____
- Supervising Manager / Administrator _____
- Other individuals working on this initiative _____

3. Executive Summary – **please attach a request for funding summary statement** (*will be used as a statement in publication – 200 words or less*)

4. Project Description (*Goals, steps to achieve goals, etc.*) _____

5. Brief Statement of Project/Initiative's Support of the NOCCCD Strategic Directions _____

6. Projected Measurable Outcomes _____

7. Projected Time Line _____

8. Specific Use of Funds _____

Total Amount Requested from Innovation Fund \$ _____

Signature of Primary Contact _____

Signature of Immediate Management Supervisor/VP _____