**The 2022-23 Innovation & Student Success Grant Program APPLICATION**

***Supporting student-centered success, equity, and innovation initiatives throughout the Academic Year***

***Please respond to the items outlined below using no more than 3 single-spaced pages. Answers should be comprehensive in nature but do not have to be extensive. \*You may use a word document to answer the questions and submit that document with the questions as part of your completed application.***

# Title of Requested Program/Project:

# Please describe the program and activities proposed, including a start and end date.

# Please provide evidence supporting the validity of your proposal. How do we know it will have a positive impact on students and support student persistence and student success?

# Please describe both the number of students and the target population of students that you intend to serve. Please provide specifics along with your rationale for selecting the target population.

# What are the specific benefits that you are anticipating for students who participate in the program and how will they be documented and shared?

# Does this project utilize new and innovative strategies for student and program outcomes? If yes, please provide more details.

# Does this project/program funding request assist with building an already existing project/program or is this a new project/program?

# Are you asking for other funding from another internal or external department and or funding source for this project? If yes, please provide details, including whether other funding has been confirmed.

# Will the activities enabled by this funding or its impact on student success last beyond the direct funding period? If yes, please provide details. If no, please include any possible sustaining ideas.

Budget Detail: Please identify exactly where the requested funding will be spent.

|  |  |  |  |
| --- | --- | --- | --- |
| AREA | FUNDING USE | AMOUNT REQUESTED | PURPOSE OF FUNDING |
| Supplies |  |  |  |
| Equipment |  |  |  |
| Faculty & Staff Stipends |  |  |  |
| Student Stipends |  |  |  |
| Other Personnel |  |  |  |
| Outside Contractors |  |  |  |
| Other Program Costs |  |  |  |
| Conference/Travel |  |  |  |
| Other Funds Requested/Approved (Match) |  |  |  |
| TOTAL |  |  |  |

**Requesting Faculty or Staff Member:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Concurrence of the Management Partners:**  The signature of your area manager and vice president below signifies their support for the proposal and is required.

Dean or Director Approval: Date

Vice President Approval: Date

**Note: Applications are to be submitted to the Foundation Office via e-mail attachment to romero\_christina@sac.edu.** Contact Christina Romero, Executive Director of the Foundation at 714-564-6091 or the e-mail address above if you have any further questions.