

Application Form

Applicant Information

School: _____ RCE/CSAP: _____

SAC Chair (or delegate): Name: _____

Phone: _____ Email: _____

Role on SAC: _____

School principal: Name : _____

Phone: _____ Email: _____

Eligibility

I am applying on behalf of an SAC in a Nova Scotia public school.

Project Title And Summary

Title: _____

Summary: _____

Objective

Objective	Measure of success

Project Description

Impact

Innovation

Evaluation

Timeline

Project start date: _____ Project end date: _____

Budget

Category	Details	Estimated Cost (\$)
Materials and Supplies:		
Equipment:		
Travel/ Transportation		
Contracts		
Consultants		
Honoraria		
Other (please describe)		
Innovation Fund Grant total		\$
Funds from other sources		
Total project cost		\$

Budget Details