

# 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**

## Budget

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

## Budget Details