



EMPLOYEE INNOVATION GRANT – APPLICATION FORM (2020-21)

DEADLINE FOR SUBMISSION: WEDNESDAY, NOVEMBER 18, 2020

SUBMIT TO PROFESSIONAL DEVELOPMENT COMMITTEE (VIA OFFICE OF HUMAN RESOURCES,
(ROOM D-108 OR EMAIL TO BELLE LOZADA, clozada@hartnell.edu)

APPLICANT INFORMATION (Can be an individual or a team of people who all meet eligibility criteria)

A. NAME: _____

College phone: _____ Email address: _____

HCCD position: _____ HCCD department or division: _____

B. NAME: _____

College phone: _____ Email address: _____

HCCD position: _____ HCCD department or division: _____

Amount requested _____

Address the following in your application (3-page maximum)

Title of Project: _____

1. What are the objectives of your project, and how do they relate to the college's vision, mission, and values (Mission--20 points)

The college's vision, mission, and values are in Board Policy

1200, http://www.hartnell.edu/sites/default/files/u90/bp1200_district_vision_mission_and_values_statements.pdf

2. How will you accomplish the objectives of the project (i.e., implementation plan with specific measurable outcomes and assessment of outcomes) (Focus—20 points)

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3. How will this project enrich the learning experience of students (Impact—20 points)
4. How does the project use creative and innovative methods or approaches to achieve the project's goals? (Innovation—20 points)
5. How do you propose to use the funds requested (please include specific budget information regarding resources needed and costs). (Resources – 20 points)

ACCEPTANCE & SIGNATURES:

I have read and understand the guidelines established for the Hartnell College Employee Innovation Grant Program. I will abide by Hartnell College policies in implementing this project and agree to follow Hartnell College policies and procedures to access funds. I understand that funding will be restricted to those items specifically noted in the approved grant budget. I further understand that following the completion of this project all purchases through this award will become the property of Hartnell College.

A. APPLICANT'S SIGNATURE: _____

DATE: _____

IMMEDIATE SUPERVISOR'S SIGNATURE: _____ DATE: _____

B. APPLICANT'S SIGNATURE: _____

DATE: _____

IMMEDIATE SUPERVISOR'S SIGNATURE: _____ DATE: _____
