## **SPELBRING INNOVATION GRANTS APPLICATION FORM**

## **DEMOGRAPHICS**

| Name of Applicant(s):                   |                  |  |
|---|------------------|--|
| Preferred contact address:              |                  |  |
| Preferred phone:                        |                  |  |
| Email address:                          |                  |  |
| Employer/Organization (if appropriate): |                  |  |
| Years in practice (if appropriate):     |                  |  |
| Primary relationship to program:        |                  |  |
| Graduate of EMU O                       |                  | OT Program   |
| EMU OT Program fa                       |                  | aculty member  |
| EN                                      | /IU OT student   |  |
| Amount requested                        | l:               |  |
| Other sources of fu                     | unding? Identify | source and amount:   |
|   |                  |  |
|   |                  |  |
|   |                  |  |
|   |                  | APPLICATION  |
| PROJECT TITLE:                          |                  |  |
| TYPE OF PROJECT A                       |                  | pecify all that apply: Research study, Occupational justice project,<br>): |
|   |                  |  |
|   |                  |  |
|   |                  |  |
|   |                  |  |

| RIEF ABSTRACT (limit 250 words). Include purpose of the project, brief description of project, and nticipated benefits of project |                             |  |  |
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| OJECT NARRAT  |                             |  |  |
| Need for  | ignificance of the project: |  |  |
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| Goals and   | objectives:                 |  |  |
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| Project methodology:                                 |
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| Implementation plan:                                 |
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| Benefits:  |
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| Relationship to Spelbring mission/vision and values: |
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| BUDGET (please be specific)   |
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| DETAILED TIMELINE (Include expected initiation date, anticipated dates for steps to be completed, and expected completion date. Using a table is acceptable.) |
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| CAPACITY/LIKELIHOOD OF SUCCESS (include mentors/consultants, experience and training/specialty certification(s), and available resources on site)             |
| Certification(s), and available resources on site)  |
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## **APPENDICES**

- CV/resume of applicant(s)
- Letter of approval from administrator/agency
- IRB approval (research project using human participants, if appropriate)

Please submit application and appendices in a single email to <a href="mailto:spelbringinnovationgrants@gmail.com">spelbringinnovationgrants@gmail.com</a> with "grant application submission 2021" as the subject and each attachment titled "Lastname\_Nameofdocument." Example follows:

Howells\_Application

Howells\_CV

Howells\_Letterofapproval

Howells\_IRBapproval

Documents must be submitted electronically by 11:59PM EST on August 16, 2021. Late abstracts will not be accepted. Primary authors will receive notification via email regarding the status of their submission by mid-September. After submission, proposals may not be altered in any way.