



CICI Social Innovation Grant Application

Please note that these are competitive awards. Take your time when completing this application to fill in all information.

Name:

Phone Number:

Email:

Project Title:

Amount requested from CICI (up to \$2,500):

Amount contributed by others (including yourself):

TOTAL PROJECT EXPENSES:

Applicant's Signature: (Type Name Here)

Date:

A member of the CICI team has reviewed this document: (Type YES Here)

Email Approval from Applied Faculty Member:

(Have faculty member send an email to nzeisler@colburnschool.edu, signifying their approval of the application.)

BUDGET: Provide your best guess budget in the space below. You will not use every box. Your income should match your expenses and please leave a note in areas that may need further explanation.

Income:

| Category | Amount | Notes |
|------------------------------|--------|-------|
| CICI (This Request): | | |
| External Grants: | | |
| Contributions: | | |
| Personal: | | |
| Other: | | |
| TOTAL PROJECT INCOME: | | |

Expenses:

| Category | Amount | Notes |
|-----------------------------------|--------|-------|
| Artist Fees | | |
| Composer Commission | | |
| Equipment Purchases | | |
| Transportation | | |
| Production Expenses | | |
| Space | | |
| Travel | | |
| Marketing, Promotion, Advertising | | |
| Other | | |
| TOTAL PROJECT EXPENSES | | |

When you have finished filling out this application, save the document as a PDF and send it to Nate Zeisler, nzeisler@colburnschool.edu