



Touro University Faculty Innovation Grant Application (2024-2025)

Name of Applicant: _____
Last First Middle

Touro School (and Department): _____

Mailing Address: _____
Number and Street Apt # City State Zip/Postal Code

Telephone: _____
Home Cell Work

Email Address: _____

Check appropriate field: Full-time Faculty Part-time Faculty Adjunct Faculty

Total Dollar Amount Requested: _____

Attach following documents:

1. Abstract of Proposed Project (word limit 100)
2. Proposal Description (no more than 2 pages, single spaced)
 - 2a. Provide title of the proposed project.
 - 2b. Provide a brief project description that outlines the project plan and includes a timeline.
 - 2c. Describe how your project will further student success at Touro.
 - 2d. Provide the rationale of what makes this project innovative. List risks and challenges and how they will be addressed during the project.
 - 2e. Provide a brief description of how you will evaluate the impact of the project and measure outcomes.
3. Itemized Budget for Project
4. CV
5. Letter of recommendation/support from your chair or dean

PLEASE SEND THE ENTIRE PACKAGE (APPLICATION FORM AND ALL OTHER REQUIRED DOCUMENTS INCLUDING SUPPORT/RECOMMENDATION LETTER) IN A SINGLE EMAIL TO DR. RIMA ARANHA, DIRECTOR FOR STRATEGIC INITIATIVES, OFFICE OF THE PROVOST AT RIMA.ARANHA@TOURO.EDU