

We thank you for your time spent taking this survey.  
Your response has been recorded.

Below is a summary of your  
responses

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## Community Innovation Fund Spring 2022 Application

Project Title

Requested Amount (enter \$100.00)

Short Description of the project (please concisely describe your project in about 50 words of less)

Your First Name

Your Last Name

Preferred Email

Phone number

MIT Affiliation

Course and Year

Student Organization:

SAO Account number or Cost Object:

Do you have support of your department/ organization to carry out this project?

- Yes
- No

If you are planning a project in an MIT residence, have you received approval from your Head of House to complete the project?

- Yes
- No

Are you working with other members of the MIT community on this project?

- Yes
- Maybe
- No

Who is the target audience for these activities? Approximately how many MIT community members will your project impact?

How do you plan to carry out your project?

(To help frame your answer, think about the specific resources, tasks, and activities you would need to reach your goal. Please be detailed enough to show that you have given some thought to what planning and preparation would be required for your project.

Please also include a timeline for this work plan.)

What makes your project innovative?

What health-related community issue does your project aim to address? (check all that apply)

- Academic Environment
- Connectedness

- Connectiveness
- Increase Help Seeking
- Life Skills
- Mental Health and Substance Abuse Services
- Wellness

Explain how your project is addressing the health-related community issue(s) you selected above:

Describe the changes or improvements you hope to see as a result of your project.

(To help frame your project objectives, please complete the following sentences: a) "If minimally successful, this project will result in X." b) "If optimally successful, this project will result in Y.")

How would you define and measure success for this project?

Is there additional information you would like the committee to consider?

Program Target End Date: Program Date:

← February 2022 →						
Su	Mo	Tu	We	Th	Fr	Sa
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	1	2	3	4	5
6	7	8	9	10	11	12

Budget (please upload a detailed copy of your budget)

Drop files or click here to

Drop files or click here to  
upload

Any additional materials

Drop files or click here to  
upload

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