



**Applicant Information**

Printer Friendly Version | E-mail Draft

\* Required before final submission

Prefix  \* First name  Middle initial  \* Last name  Suffix

\* Address (line 1)

Address (line 2)

\* City  \* State  \* Zip

\* E-mail

\* Home phone  
(xxx) xxx-xxxx

Cell phone  
(xxx) xxx-xxxx

If you do not currently reside in Rhode Island, what is your connection to the state? (50 word limit)

\* How did you hear about the Rhode Island Innovation Fellowship?

If other, please specify.



**Project Information**

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\* Required before final submission

\* 1. What is the title of your project?

2. Amount requested (up to \$100,000 per year)

\* a. 2016

\* b. 2017

\* c. 2018

\* d. Total

The Rhode Island Innovation Fellowship is designed to stimulate solutions by Rhode Islanders to Rhode Island challenges. This year, the program is targeted to ideas that would increase and improve civic engagement in Rhode Island.

\* 3. Briefly describe your idea. (200 word limit)

\* 4. If this idea were successfully developed and implemented, what would be the results? How would Rhode Island benefit? (200 words)

\* 5. What is the innovation in your idea? Tell us what makes it a new, novel, or reenergized approach that hasn't been meaningfully tried in Rhode Island? (200 words)

Many applicants and members of the community want to learn more about the innovators and their \* ideas. Do you wish to make public your name, email address, and project description (the narrative you provided in response to question #3 above)?

<None>

By submitting this application, I certify that I am at least 18 years of age at the time of submission, that I meet all of the eligibility requirements for the Rhode Island Innovation Fellowship, and that all information provided in this application is correct. All decisions regarding eligibility shall be subject to the sole authority of the Rhode Island Foundation and such decisions shall be final.

Save & Finish Later

Review & Submit