

Development & Research Innovations, Inc.
 Partnering to develop innovative solutions for community needs
Project Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Organization Name		Tax ID Number	
Position within Organization			
Are you currently affiliated with DRI or any of its programs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, how?
Have you ever presented a project to DRI before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, please provide date and title of project?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

REFERENCES	
Please list three professional references.	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

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PROPOSED PROJECT	
Please provide the following in addition to this application form:	
Item	Enclosed
Summary of Proposed Project and Goals	<input type="checkbox"/>
Description of how Project is aligned with the mission, vision, values, and goals of DRI	<input type="checkbox"/>
Proposed Timeline of Project	<input type="checkbox"/>
Expectations for DRI's involvement	<input type="checkbox"/>
Proposed Budget	<input type="checkbox"/>
DISCLAIMER AND SIGNATURE	
I certify that the information provided in this application packet is true and complete to the best of my knowledge.	
If this application leads to pursuing a project or program with DRI, I understand that false or misleading information in the application process may result in termination of the working relationship. I also understand that I must abide by all DRI Board of Directors decisions regarding acceptance of this application, working together if the application is accepted, and accountability and reporting to the DRI Board of Directors as established by the DRI Board of Directors for the duration of the project or program.	
Signature	Date