**The Commercial Innovation Grant program aims to help local and state REALTOR® associations fund new services and programming to add value and enhance benefits for commercial members.**

**I. Criteria for Innovation Project**

* **Creates a new or enhanced product, program, process or service to improve the member’s experience.**
* **Educates the general membership on commercial real estate issues or programs.**
* **Increases awareness of REALTORS® who are commercial real estate practitioners.**
* **Clearly articulates measurable goals that indicate the potential success of the project and provide a plan to make the project self-sustaining in the future.**
* **Recognizes factors that may inhibit the ability of the project to meet its goals.**
* **Demonstrates a realistic budget and timeline necessary to achieve success.**
* **Adaptable to other REALTOR® associations.**

**II. Grant Process**

* Key Dates for Round Two of 2016 Commercial Innovation Grants:
  + June 1st: Application period opens.
  + July 31st: All application materials due.
  + August 31st: Grant recipients contacted.
* Grants will be awarded in amounts ranging from $500 to $2,500.
* The same assessment criteria will be utilized for every submission received.
* Not all applicants will receive grants.
* NAR does not fulfill requests for funding towards general Operating Expenses.
* If you have received a prior Innovation Grant you must have submitted your 2015 Executive Summary in order to be considered for a 2016 Innovation Grant.

Email completed application to:

Shara Varner | Commercial Development and Outreach Manager

e: svarner@realtors.org | p: 312.329.8282

**III. Applicant Contact Information**

**Association Name:** Click here to enter text.

**Address:** Click here to enter text.

**City/State/Zip:** Click here to enter text.

**Applicant Contact Name:** Click here to enter text.

**Phone:** Click here to enter text.

**Email:** Click here to enter text.

**Association Executive Contact Name (if different from above):** Click here to enter text.

**Phone:** Click here to enter text.

**Email:** Click here to enter text.

**Number of total association members**: Click here to enter text.

**Number of identified commercial members:** Click here to enter text.

**Has your association earned the Commercial Services Accreditation?** Y N

**IV. Grant Details**

**Innovation Project Title:** Click here to enter text.

**Please select which area(s) your project will impact from categories below:**

Communications/Marketing

Education/Professionalism

Legislative/Advocacy

Technology /Data

Community/Member Involvement and Networking

**Amount Requesting:** $Click here to enter text.

**V. Grant Narrative**

1. **Describe your Innovation Project idea in 100 words or less showing how it will:** 
   1. **Enhance the value and experience for your members involved in commercial real estate.**
   2. **Connect and engage members in programs/services.**
   3. **Elevate the exposure and expertise of your members and the association in the commercial real estate market & community.**

Click here to enter text.

1. **Provide a detailed budget and timeline for your proposed project. Include where the grant will be allocated and the resources your association plans to contribute to the implementation, both financial and staff time.**

Click here to enter text.

1. **Does your project involve engaging other related industry groups, community partners, the general public or other entities? Give details.**

Click here to enter text.

1. **What factors may create challenges to the success of this Commercial Innovation project?**

Click here to enter text.

1. **What will be the measure of success upon the completion of your Commercial Innovation project (include the number of members who would be directly served or expected to participate)?**

Click here to enter text.

1. **How could your idea be implemented in other markets and REALTOR® associations?**

Click here to enter text.

Signature of Association Executive: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Association Executive Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_