

# Bright Ideas! Application



The way it is now:



I (we) suggest that: (attach additional sheets if necessary)

Advantages/benefits:

I (we) believe my (our) idea will:

- improve efficiency and effectiveness
- improve safety

Department Head Review:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Determination:  Adopt  Not Adopt      Comments attached:  Yes  No

# Bright Ideas! Application



Name: _____		Date _____
Dept.: _____		Phone: _____
Signature: _____		
Your signature indicates agreement with the terms and conditions of the Bright Ideas Program. Attach additional names if necessary.		
<b>Evaluation Committee:</b>		
Review and Recommendation: (only when departments do not adopt)		
<input type="checkbox"/> Adopt <input type="checkbox"/> Not Adopt		
Committee Representative:	Award Amount:	Date Awarded: