## Systemic Projects

Grant Application Cover Page

PROPOSAL TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department Chair / Leadership**:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In order for the project to be considered for committee review, each section must be completed in its entirety. Any missing or incomplete sections will disqualify the project from consideration for funding.

**PROJECT PLAN**:

Submit this document as a separate attachment. This section must describe your project and how it addresses specific enhancement to your department’s ability to deliver its mission (instructional or otherwise).

This document is required to use 1 in margins and be typed in Arial 11-point font or Times New Roman 12-point font. Page numbers must be entered in the footer.

The research/project plan should be a maximum of 6 pages, including any figures, images, and/or tables.

This section must address the following questions/concerns:

* Introduction
	+ Problem statement and specific need or opportunity in the curriculum that is addressed.
	+ How does the project address the need or opportunity?
* Literature review if appropriate
* Methodology
	+ What specifically will be done with the equipment/supplies acquired as a part of this proposal?
	+ How will “success” of the project be measured?
* Assessment plan
	+ What are the learning outcomes associated with this project? How is it related to the gap(s) that are intended to be addressed?
	+ What students will benefit from this project?
* Timeline for the project (may include milestones or specific tasks associated with the project)
* Broader Impacts: A description of the potential impact of your project on the University community and/or the broader world.
* Works cited/references.

## Budget

Complete the relevant budget categories below, including subtotals. Leave the rest blank. If you need to add more lines to a table, tab to add another line.

### Budget Overview

|  |  |  |
| --- | --- | --- |
| **Category** | **Subtotal** | **Anticipated date needed** |
| Supplies/ Equipment | $ |  |
| Services | $ |  |
| Miscellaneous | $ |  |

 Total requested budget: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide a justification of the items listed above, including an itemize list of the supplies/equipment/services needed, a statement of purpose and how the amount was determined. (Quotes are required for all equipment over $5,000.)

Signature of all applicants below certifies the statements in the application are true, complete, and accurate to the best of her/his/their knowledge. All faculty applicants agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

a) Department Chair or Leadership responsible for the project

 Date