## 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:

* What problem, gap, or deficiency is being addressed by this project?
* How does this project enhance student learning, student achievement, or student progression?
* Are there other sources of funding being sought or available to support this request, if so, what are they and in what amount?
* Describe, specifically, the impact of this proposal on the following:
  + What courses, programs, or student types will benefit?
  + Describe how they will benefit.
* Timeline for the project (may include milestones or specific tasks associated with the project)

## 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 | $ |  |
| Payment for Services | $ |  |
| Miscellaneous | $ |  |

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

### Supplies / Equipment

* List each item separately
* Quotes are required for all equipment over $5,000

|  |  |  |
| --- | --- | --- |
| **Item** | **Amount** | **Anticipated date needed** |
|  | $ |  |
|  | $ |  |
|  | $ |  |

Supplies / Equipment subtotal: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide a justification of the items listed above, including a statement of purpose and how the amount was determined .

### Payments for Services

* Includes vendors and services. Signed contracts may be required and may need to be reviewed by procurement
* Payment to students or faculty is not allowable

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Amount** | **Anticipated Date** | **Additional Info (optional)** |
|  | $ |  |  |
|  | $ |  |  |

Payments for Services subtotal: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide a justification of the items listed above.

### Miscellaneous

|  |  |  |
| --- | --- | --- |
| **Expense** | **Amount** | **Anticipated Dates** |
|  | $ |  |
|  | $ |  |

Miscellaneous subtotal: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide a justification of the items listed above.

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