**FY 2015 UHCC Project Proposal Form**

[ ] **ATD** [x] **Developmental Education** [ ] **Financial Aid** [ ] **Part Time Student Initiative**

***SCAN AND SUBMIT PROPOSAL WITH REQUIRED SIGNATURES BY*:** March 18, 2014

**Date:** Click here to enter text. **REVISION DATE:**

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

**Budget Request: $**Click here to enter text.

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

**Proposer’s Name:** Click here to enter text.

**Proposer’s Email Address:** Click here to enter text.**@hawaii.edu**

***PART 1 PROPOSAL***

|  |  |  |
| --- | --- | --- |
| **Proposal**  | **Pts** | **Narrative**  |
| 1. **Project Summary**

*Guidelines: Concise description of project, including the following:** *Actions to be taken and resources needed*
* *Data supporting need for project (no attachments)*
* *Explanation of how project reduces time to certificate or degree*
* *Prior year’s outcomes for continuation projects*
 |  |  |
| 1. **Effectiveness Indicators/Outcomes and Benchmarks**

*Guidelines: Specific explanation of how project’s effectiveness will be assessed, including the following:** *Effectiveness indicators/outcomes*
* *Benchmarks (numeric and percentage)*
 |  |  |
| 1. **Background Research**

*Guidelines: Concise explanation of background research (with citation information) for project* |  |  |
| 1. **Relationship to Campus & UHCC Strategic Plans**

*Guidelines: Discussion of project’s relationship to campus & UHCC strategic plans, including the following*:* *Specific references to and copies of applicable sections of plans*
* *Brief explanation of relationship between project and referenced sections*
 |  |  |
| 1. **Scalability**

*Guidelines: Discussion of project’s scalability (on campus and/or to other campuses)* |  |  |
| 1. **Sustainability**

*Guidelines: Discussion of project’s sustainability (after UHCC project funding ends)* |  |  |
| **TOTAL** |  |  |

***PART 2: BUDGET***

***Instructions:*** *Complete the following, inserting and/or deleting rows as needed.*

***General guidelines:*** *Funds may be used for faculty and staff assigned time; for pilot projects; for consultants; for financial aid audits; for related equipment, software, or curriculum materials; or similar one-time expenses. Funds may not be used to hire new full-time faculty or staff.*

*For projects involving more than one campus, budget must include a breakdown of costs by campus in addition to a total project budget. Single requests over $2,500 require Superquote.*

*The relationship between the requested expenditures and the project’s effectiveness indicators/outcomes and benchmarks* ***must be addressed specifically*** *in the project proposal.*

*Any change of more than ten percent (10%) of any cost item or $500 (whichever is less) in an approved budget will require the proposer to email a request for the change, prior to expenditure of funds, to the committee chair and Suzette Robinson with the following: (1) reason for the change (including the relationship between the requested change and the project's effectiveness indicators/outcomes and benchmarks); and (2) original and proposed revised budget.* *Committee will support, or not, the budget change request.*

|  |  |
| --- | --- |
| **DESCRIPTION** | **BUDGET** |
| **A** | **PERSONNEL** *(Personnel costs include, but are not limited to, faculty or staff overload, student assistants, casual hires, and/or lecturer replacement. Unlike federal regulations, these funds do not require that the person doing the work be paid from this funding source. Personnel fill requests are required to be in the form of a lecturer B step.)* *Confirm the applicability of inclusion of fringe benefits costs and the amount of such costs with your human resources or business office. Indicate fringe benefit percentage and cost, if any, as a separate line item.* |  |
| **A1** |  |  |
| **A2** |  |  |
| **TOTAL PERSONNEL** |  |
| **B** | **SUPPLIES** *(Supplies include, but are not limited to, office supplies, travel, conference fees, mileage, and computers.)* |  |
| **B1** |  |  |
| **B2** |  |  |
| **TOTAL SUPPLIES** |  |
| **C** | **EQUIPMENT** *(Equipment is defined as any one item costing $5,000 or more.)* |  |
| **C1** |  |  |
| **C2** |  |  |
| **TOTAL EQUIPMENT** |  |
| **TOTAL BUDGET REQUEST** |  |

***PART 3 SIGNATURE PAGE***

***SCAN AND SUBMIT PROPOSAL WITH REQUIRED SIGNATURES***

**Certification by Proposer**

I certify that I have consulted with and submitted this proposal in a timely manner to the appropriate (A) institutional research office, (B) business office, and (C) human resources office for review of all assessment, budget, and resource commitments. Outcomes have been reviewed and are appropriate for the proposal.

I understand I will have primary responsibility for monitoring any funds awarded and agree to maintain accurate and current records of expenditures consistent with the budget.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter text.

Name: Click here to enter text.

Title: Click here to enter text.

**Confirmation of Support by Vice Chancellor Academic Affairs (VCAA) or Vice Chancellor Student Affairs (VCSA)**

I have reviewed and support this proposal.

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

PRINT Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: [ ]  Vice Chancellor Academic Affairs (VCAA) **OR**

 [ ]  Vice Chancellor Student Affairs/DOSS (VCSA/DOSS)

**Confirmation of Campus Approval by Chancellor**

The campus approves the proposal and is committed to advance the amounts, if any, described in the proposal as being funded by the campus and is committed to sustaining the project if evidence of its success is warranted and funding is available.

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: Chancellor