

COLLEGE OF TECHNOLOGY
BUDGET ADVISORY COMMITTEE
PROJECT/ACTIVITY PROPOSAL FORM

DATE OF REQUEST: _____ DEPARTMENT: _____

NAME: _____ EMAIL: _____

PLEASE CHECK WHICH REQUEST IS COVERED:

Faculty Professional Development Faculty Scholarly Activity Other

LIST THE PROJECT/ACTIVITY ALIGNED WITH THE FOLLOWING (Refer to COT Strategic Plan and list goal and number):

A goal in the COT Strategic Plan _____

A strategy under the goal identified in the COT Strategic Plan _____

The metric for the goal identified in the COT Strategic Plan _____

AMOUNT REQUESTED: \$ _____ Request not to exceed \$3,000 (**Attach itemized budget in detail**)

Travel for conferences, including international, for conference paper presentation will not be funded.

JUSTIFICATION

(List relevant scholarly work and/or activities. If more than 3 lines are needed, please attach a separate document.)

ADDITIONAL FUNDING PERTAINING TO THIS PROPOSAL RECEIVED AT THE UNIVERSITY LEVEL - I.E. FOR GRANT, RESEARCH AND/OR TRAVEL OPPORTUNITIES?

Amount Received _____ Date Received _____

Have Not Applied _____ (If you have not applied, indicate below the program and date to which you intend to apply.)

WHAT IS THE EXPECTED OUTCOME TO BE ACHIEVED BY THE PROPOSAL REQUEST (attach)?

WHEN [approx. date] WILL THE OUTCOME BE ACHIEVED? _____

****Note – Faculty must submit a brief report on the outcome(s) of the project/activity to Department Chair upon completion of project/activity. Those individuals who have received funding during the previous academic year must attach the project/activity completion report with this proposal, signed by the Department Chair.***

Faculty Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Budget Advisory Committee Chair Signature: _____ Date: _____ Amount Awarded: _____

Comments: