Faculty Project Grant

Application Form

Project Title_____

Applicant_____

College Address_____

_____

College Telephone No._____

Course No. & Title_____
_____

Number of students to be served annually _____

Application Date_____

_____
Applicant's Signature

Learning Strategies or Teaching Methods

☐ Background Skills

☐ Cooperative Projects

☐ Enrichment

☐ International/intercultural education

☐ Learning packages/manuals

☐ Technology/multimedia

Completion Method:

☐ Monetary Compensation

☐ Released Time

Project Period: From _____ To _____

Faculty Grant Funds Required

$_____

Administrative Action :

_____ _____
Program Chairperson Date

_____ _____
District Chair (if applicable) Date

_____ _____
Dean/Provost Date

_____ _____
Review Committee Chairperson Date

☐ Approved

☐ Disapproved

☐ Tabled

☐ Approved with provisions_____
_____

_____
Director of Distance Learning

Date_____

Part II.   <u>Project Narrative</u>

    A.   Evidence of Need   Indicate what evidence exists which supports the need for this project. What student needs will be met by this project?

    B.   Objectives   Indicate the <u>key measurable objectives</u> that this project is intended to accomplish.

    C.   Activities   Describe the general nature of the project including specific activities to be undertaken and an estimated time frame for their completion.

For On-Line Course Development, it is expected that the instructor will teach the course in the future. Indicate the anticipated term the course will be taught.

    D.   Evaluation Plan   Describe a plan for evaluating the impact of the project, the effects of the materials on student learning, and the feasibility of the instructional approach.

    E.   Person hours Required   Indicate the number of person hours required for completion of the project for which compensation will be contracted. If this is on-line course development, indicate the number of credits the course to be developed is.

Part III.   Project Budget

I.   Staff Costs

SALARY

Wage per hour   Hrs. per week   No. of weeks

_____$20_____   _____   _____   _____

COST OF SUBSTITUTE   (If released time is elected)

Wage per hour   Hrs. per week   No. of weeks

_____   _____   _____   _____

CONSULTANTS

Describe:_____   _____

OTHER STAFF COSTS

Describe:_____   _____

_____

TOTAL STAFF COSTS

II. SUPPLIES No. Description Unit Cost ____ _____ _____ ____ _____ _____ ____ _____ _____ ____ _____ _____ ____ _____ _____ TOTAL SUPPLY COSTS		
III. EQUIPMENT Item Unit Cost _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ TOTAL EQUIPMENT COSTS		
IV. OTHER COSTS Describe_____ _____ _____ _____ _____ TOTAL OTHER COSTS		
TOTAL PROJECT COST		

FACULTY PROJECT GRANT
VERIFICATION OF COMPLETION

TITLE OF PROJECT _____

_____

PROJECT ORGINATOR(S) _____

_____

_____

This is to verify that the above Faculty Project Grant has been completed.

COMMENTS: _____

_____

_____

_____

AMOUNT OF PAYMENT DUE ORIGINATOR(S) OR DEPARTMENT $_____

_____   _____
ORIGINATOR(S) SIGNATURE(S)   DATE

_____   _____
PROGRAM CHAIRPERSON/GROUP LEADER   DATE

_____   _____
DEAN   DATE

_____   _____
DIRECTOR OF DISTANCE LEARNING   DATE

PLEASE ATTACH A COPY OF THE FINAL PROJECT ALONG WITH TIME SHEET OR
REQUEST FOR BUDGET OR REVISION CHANGE AND SUBMIT TO CONNIE METTEN IN
PROGRAM DEVELOPMENT BY JUNE 1.

FACULTY PROJECT GRANT
FORM ES 4070

DIRECTIONS: This form is to be completed when the course for which the grant is being applied for is taught on other campuses.

Name_____

Campus_____

Course Acronym/Name_____

1.   Can project for which funds are being sought be used on other campuses?

☐   Yes   ☐   No

2.   If yes, have faculty at other campuses who teach the course been informed of the project and will they use the project when completed?

☐   Yes   ☐   No

Names of faculty members contacted:

_____

_____

_____

_____

_____

_____

3.   If response to 1 & 2 are "NO", please explain.

_____   _____
Applicant's Signature   Date