PROJECT DEVELOPMENT SHEET

Complete and sign the top section of the Project Development Sheet. Attach a brief (1 to 2 pages) project summary that covers A through F below. Route the Project Development Sheet and attached project summary to the appropriate individuals for review and comment.

A. Project Description: Use the following questions as a guide for providing a brief project description.

1) What are the specific purposes and needs for this project?
2) What are the goals for this program, both immediate and long-term?
3) What are the major components of this program?
4) What is the project’s timetable?
5) How will it be evaluated or assessed?
6) How will the results be disseminated to others (if applicable)?
7) Is this project original to Xavier University or are we emulating another university’s program? If it is original, explain how.

B. Estimated Budget: (Appendices 5 and 6 in Developing, Submitting and Managing Externally Supported Projects provides additional information related to budget preparation)

- Provide a breakdown by major categories; i.e. compensation, benefits, equipment, travel, student help, etc.
- Include information on the total budget by year (if multi-year) and anticipated amount of grant request.

C. Anticipated Cost-Sharing/Matching Requirements by Xavier University

- Indicate source of any cost-sharing or required match.

D. Are there costs to Xavier following the grant period? If so, explain.

E. Are other divisions of the University impacted by this proposal? If so, explain.

F. Project Development Needs: What types of assistance will you need to develop the grant proposal?
PROJECT DEVELOPMENT SHEET

NAME:______________________________________________________________________________

DEPARTMENT:_________________________________________CAMPUS PHONE___________

PROPOSED PROJECT
TITLE:_______________________________________________________________________________

PROPOSED TITLE (if known):____________________________________________________________

DUE DATE FOR PROPOSAL SUBMISSION (if applicable):___________________________________

____________________________________________________________________________________

DATE                                                  SIGNATURE

(REVIEWERS: Please note comments or concerns regarding the proposed project.)

________________________________________________________________________________________________________________________________________

Department Chairperson/Director                         Date

Dean (Academic Affairs only)/Vice President (All Other Divisions)     Date

Assistant Director for Grant Services                     Date

Associate Provost for Academic Affairs/Executive Director   Date
for Grants and Academic Assessment and Planning

Provost and Chief Academic Officer                       Date

The Office of Grant Services will notify the author when the Project Development Sheet has been received. At this time, all comments and concerns, as well as the proposed budget, will be discussed with the author.

Revised: 7/20/11