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 FUNDING SOURCE (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/Director for Grant Services               Date

________________________________________________________     _________
Academic Vice President        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: 01/28/03