

DEVELOPING A PROSPECTUS--GUIDING QUESTIONS

Title of Project

Give your project a brief descriptive title.

Submitted By

List your name or names of other persons/agencies involved together with phone and FAX numbers. Also include your department.

General Area

List the general area in which the project falls. For example, parent training, science education, or nurses training project.

Date

The date of writing the prospectus.

General Purpose Statement

What is the general purpose of this project? What is your overall goal?

Needs Statement

Why does this project need to be done? What are the problems this project is attempting to eradicate? In this section cite all evidence you have to support your view such as statistical data, committee findings and reports, and related literature.

Objectives of the Project

What specifically will you do in this project in order to meet your overall goal? Effective objectives are specific and measurable and can be evaluated when the project is completed.

Methods for Accomplishing Objective

How will you accomplish your objectives? What resources will you use?

Target Group

Who will be served by this project? Who will be involved?

Evaluation Strategy

How will you evaluate whether or not the project accomplished what you set out to accomplish?

Results/Benefits Expected

What results or benefits do you expect from conducting this project? How will the organization benefit? How will various individuals benefit? How will the community benefit? How will the field benefit?

PROSPECTUS FORMAT

Title:

Submitted by: (Primary Contact Person):

Phone No. **FAX No.** **Department**

General Area:

Date

General Purpose Statement:

Needs Statement:

Objectives of the Project:

Method for Accomplishing Objectives:

Target Group/Who Will Be Served:

Evaluation Strategy:

Results/Benefits Expected From Project:

BUDGET DEVELOPMENT FORM

Project developers are advised to work closely with the Grants Development Office in establishing a budget. Note that in addition to the funds the College is requesting from the funding source is a column for listing matching funds (those funds the College is either able or required to commit to the project). The Budget Development Form should be attached to the project prospectus and submitted to the Grants Development Office. The Grants Development Office will initiate the College approval process.

YEAR ONE BUDGET

DIRECT COSTS

PERSONNEL

			Cost	Requested From Funder	Matching Funds	Matching Object Codes
PROJECT DIRECTOR						
Name:						
Salary:						
Responsibilities:						
F.T.E. @	mos.	\$	\$	\$		
PROJECT CO-DIRECTOR						
Name:						
Salary:						
Responsibilities:						
F.T.E. @	mos.					
PROJECT COORDINATOR						
Name:						
Salary:						
Responsibilities:						
F.T.E. @	mos.					
CLERICAL SUPPORT						
Name:						
Salary:						
Responsibilities:						
F.T.E. @	mos.					
OTHER						
Name:						
Salary:						
Responsibilities:						
F.T.E. @	mos.					

Requested

Matching

		Cost	From Funder	Matching Funds	Object Codes
TOTAL PERSONNEL		\$	\$	\$	
<u>BENEFITS (FRINGE)*</u>					
Project Director	% of	\$	\$	\$	
Project Co-Director	% of				
Project Coordinator	% of				
Clerical Support	% of				
Other	% of				
Other	% of				
TOTAL BENEFITS (FRINGE)		\$	\$	\$	

* When calculating benefits, use the following percentage:
33% = Faculty Full-time

TRAVEL

Airfare
Purpose:

trips @ /per \$ \$ \$

Mileage
Purpose:

miles @ \$. 32/per mile

Conference. Registrations
Purpose:

conf @ /per reg.

Per Diem
Purpose:

days @ /per day

Lodging
Purpose:

days @ /per day

TOTAL TRAVEL		\$	\$	\$	
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Requested From	Matching	Matching Object
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CONSULTANT #3:

Name:

Purpose:

Expertise:

TOTAL CONSULTANTS \$ \$ \$

OTHER COSTS (List other expenses not covered above.)

Telephone

Details: \$ \$ \$

Postage

Details:

Copier Charges

Details:

Work Study Students

Number:

Time:

Salary:

Item #5

Details:

Item #6

Details:

TOTAL OTHER COSTS \$ \$ \$

TOTAL DIRECT COSTS \$

TOTAL OTHER COSTS \$

TOTAL INDIRECT COSTS \$ @ % \$ _____

TOTAL PROJECT COSTS \$ _____

Grants Development Office Use Only

Business Office Review _____ Date _____

Human Resources Review _____ Date _____