

College of Continuing Studies  
 Program Development  
**Request for Proposals**



.....

Please use this form to guide you in developing your program proposals. Resources allocated to proposals will be contingent upon availability.

I. BRIEF PROGRAM TITLE:

II. PROGRAM DESCRIPTION OR ABSTRACT (Please include goals, objectives, benefit and rationale of program)

III. EVIDENCE OF NEED OR DEMAND FOR PROGRAM (Please include information on competing programs.)

IV. INTENDED AUDIENCE (Please describe the audience(s) who would be most interested in this program.)

V. WILL THIS PROGRAM RESULT IN AWARDED CEU'S OR A CERTIFICATE? (Please explain.)

VI. FORMAT (i.e. half-day program, conference, short course, etc.)

VII. DELIVERY METHOD:  in person  web-based  VTEL  Other

VIII. SUPPORT REQUIRED: Check all that apply and provide estimated dollar amounts. Please attach a budget narrative explaining projected expenses.

<input checked="" type="checkbox"/>	ITEM	AMOUNT	<input checked="" type="checkbox"/>	ITEM	AMOUNT
	Development Personnel			Facilities/Lab	
	CCS Adm. Support			Market Research	
	Materials			Other:	
	Technology/New Media			Other:	
	Equipment			Other:	

IX. WHAT SUPPORT CAN/WILL YOUR UNIT PROVIDE?

X. WILL THIS GRANT BE USED AS MATCHING FUNDS FOR ANOTHER GRANT AWARD? IF YES, PLEASE EXPLAIN.

XI. WILL THIS GRANT HELP IMPLEMENT AN OUTREACH INITIATIVE ASSOCIATED WITH ANOTHER GRANT AWARD? IF YES, PLEASE EXPLAIN.

XII. PROPOSED TIMELINE FOR PROGRAM DEVELOPMENT AND IMPLEMENTATION:

XIII. ADDITIONAL INFORMATION:

XIV. CONTACT INFORMATION:

NAME: \_\_\_\_\_ RANK: \_\_\_\_\_

DEPARTMENT/SCHOOL: \_\_\_\_\_ CAMPUS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

CURRENT GRANT AWARDS AND RESEARCH INITIATIVES \_\_\_\_\_

Chair/Director Approval; \_\_\_\_\_

This signature indicates my initial support of this program proposal.

When complete please return to:

College of Continuing Studies  
204 Michael Schwartz Center