# Expression of Intent - Faculty Release for Proposal Preparation

## Faculty Information

|  |
| --- |
| Name: |
| Department/Program: |
| Telephone: | Ext: |
| Title: |
| Email: | Fax: |
| External Phone: | Ext: |

## Project Information

Project Title:

Project Description:

Project Objectives:

1.

2.

3.

Describe Impact and Benefits (Economic Educational, Social Health, and Environmental):

Desired Project Outcomes:

1.

2.

3.

Estimated Budget:

Proposed Partners:

Proposed Funding Program:

Proposed Number, program and types (i.e. co-op) of Students Required for the project:

Desired Start Date: Day \_\_\_\_\_\_\_ Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_

Desired Ends Date: Day \_\_\_\_\_\_\_ Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_

Additional Information (a. Timeline implications, b. Infrastructure requirements, c. Risks):

Other College potential participants (faculty, staff):

## Partner Information

Partner (s) Organizations:

Partner (s) Contact Information:

Commitment Status (financial, technical, resources):

Is the commitment is secured?

Additional Information:

## Supporting Documentation

List attachments that support description:

1.

2.

3.

## Signatures Required

Applicant:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signatures:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Program Coordinator:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signatures:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Dean of School:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signatures:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Office of Research:

Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial:\_\_\_\_\_\_\_