

Lewis & Clark College Project Approval Form

Date: _____ Principal Investigator/Project Director:
Grant Development Manager:

About the Project

Working Project Title:

Project type: Individual research Departmental Multi-departmental School Other

If Other, please describe:

Project Description (e.g., subject, goals, outcomes):

Expected Project Duration:

Estimated Total Budget:

College cost sharing is expected. Yes No

If yes, PI/PD has discussed needs with the following Chair/Dean:

Name: _____ Date: _____

Please describe anticipated items for cost share and anticipated amount:

Will this project affect your course load? Yes No If yes, please describe:

Will this project affect your department and/or curriculum? Yes No If yes, please describe:

Is new space or are changes to existing space needed? Yes No

Are new telecommunications tools or changes to existing telecommunications needed? Yes No

Is new software/hardware or are other IT-related programs/purchases needed? Yes No

Funding

A grant proposal on this project is being submitted to a specific program. Yes No

If yes, program name: _____ Due Date: _____

Proposed Funding Source(s) and any known submission deadlines:

The following individuals have been made aware of this developing idea:

Yes NA Chief Technology Officer Date: _____

Yes NA Associate Vice President for Facilities Date: _____

Yes NA Department Chair Date: _____

Yes NA Divisional/Associate Dean Date: _____

Needed Review and Approval

By signing below, the President or supervising Dean or Vice President approves the continued development of the proposed project:

Date: _____

Executive Officer

Signature

Printed Name