CONTACT INFORMATION:	
Last Name, First Name:	
Alphanumeric CWRU ID	

PURPOSE: describe the rationale and scope of the project.

STUDENT IMPACT: how will this project improve CWRU student learning?

PROFESSIONAL IMPACT: how will this project demonstrate innovation in teaching and research?

METRICS AND DATA COLLECTION measures of the project's success and CWRU student learning.

UCITE FUNDS: How the funding requirements align with UCITE's mission of innovative teaching and CWRU student learning.

BUDGET: please follow **webpage example**. You may attach your own sheet, or use this template.	
EXPENSES (round to whole dollar)	
item and description 1	$AA.00
item and description 2	$BB.00
etc.	
etc.	
etc.	
etc.	
item and description #last	$EE
TOTAL EXPENSES FUNDED BY AWARD	AA+BB+….+MM = $XX
COST SHARING	
item and description 1	$FF
item and description 2	$GG
etc.	
etc.	
etc.	
etc.	
item and description #last	$KK
TOTAL COST SHARING	$YY
TOTAL PROJECT COST	$XX +$YY = $ZZ

SIGNATURES OF INDIVIDUALS REVIEWING THE EXPENSES
Applicant: Name, Signature

Department Chair or Dean: Name, Signature

ATTACHMENTS:

1. A letter from your department chair or dean that states both the support for this project, and that this project is an appropriate endeavor for this point in your career.
2. Curriculum Vitae (one page)

AS NEEDED:
3. 1-page letters of support from university resources that are listed as collaborators or who acknowledge collaborative support of your proposal from other units in the University or affiliates.