**SUNSHINE FUND PROJECT CONCEPT FORM**

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| Project TitleDept. Title |  | Project InitiatorFunding Source (if known) |
| Chair’s Review (Signature)Deans Approval (Signature) |  | Date:Date |
| Application Deadline |  | Start/End Dates of Grant |

1. Description of Evidence-based Need
	* Please describe the current problem, question, or situation this project will address (e.g. data, research, department statistics):
	* What is the need or want, resulting from this problem/question/situation?
	* How will this project address this problem/question/situation?
	* What specific strategic directive will the project address? (Please refer to the [Institutional Effectiveness Strategic Planning web page](https://www2.sunybroome.edu/ie/strategic-planning/)).
2. Target Population
	* Who will the project serve? Does it easily transfer or expand beyond the pilot to other students, classrooms and/or areas of campus?
	* How many?
	* Please describe how this project will enhance SUNY Broome students’ learning experience:
3. Project Description
	* Please describe, in detail, how this project will encourage interdisciplinary and/or community agencies/organization collaboration:
	* Please describe, in detail, the cross-disciplinary approach to teaching that this project will employ/develop:
	* Please describe, in detail, the innovative teaching methods this project will promote:
	* Please describe, in detail, the project’s objectives and expected outcomes and how they relate to specific Institutional and Course Learning Outcomes (ILOs and CLOs).

o How will the project be measured for success? (Please provide measurable outcomes that address the above stated project objectives & outcomes.)

* + Where will the project be carried out?
	+ Who will be the key players in the project?
1. Project Duration
	* What is the anticipated project duration?
	* Will the project's impact extend beyond the project timeline?

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1. Project Needs and Costs (Outline costs)
	* Will this project have continuing costs, and if so, how will that be funded?
	* What if any equipment will be needed?
	* Computer Resources: data, phone, network and licensing needs or requirements

Note: Be sure to list the needed equipment and costs, including computer resources and, if applicable, confirm that Information Technology Services has been consulted regarding any technology needs.

* + What if any supplies will be needed?
	+ Will the project need personnel?
	+ Please describe any training and/or travel needs
	+ Facilities, Furnishings, Space requirements
	+ Please describe any other needs
1. Acknowledgement of End-of-Year Report
	* Submit a project end report within 30 days of completion, detailing project outcomes. Signature required below.

Signature of Faculty/Staff Date

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