**2016 USHE Affordable Participation and Timely Completion Application**

Please submit the enclosed USHE Affordable Participation and Timely Completion Grant Proposal Cover Sheet with your application. This ensures that we have the correct information needed to disburse funds.

1. Executive Summary

Provide a title and brief (100 words or fewer) summary of the project.

1. Scope and approach (500 words)

Describe the scope and approach of the proposed work. This should be a narrative description of the results the grant will achieve. Please include goals and any benchmarks you hope to reach (i.e., increase the number of students pre-registering for math by 20%).

1. Expected results/outputs (250 words)

Provide a list of expected results or outputs from your grant (your deliverables, events, goods, etc.). Please list at least one and no more than three. Be sure to include target completion dates, and provide context as necessary.

1. Timeline (300 words)

Provide a timeline of events for your work, including any benchmarks that you hope to meet by a specific date.

1. Budget narrative (500 words)

Provide a detailed explanation of how you will use the funds. You may use this space to provide any necessary context for the requested funds, as well as any pertinent information about matching funds, if any.

1. Budget outline

Please complete the following budget outline. Add fields as necessary. Note that grantees are required to provide a 100% match. The matching funds may be cash, in-kind contributions, or a combination of both. This may be in the form of salaries/benefits, travel, training, office supplies, materials, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| Expenses | **Funds Requested** | **Grantee Match\*** | **TOTAL** |
| **Salary &**  **Benefits** |  |  |  |
| **Travel** |  |  |  |
| **Materials &**  **Supplies** |  |  |  |
| **Consultants & Contracts** |  |  |  |
| **Other** |  |  |  |
| **Total:** |  |  |  |

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|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Institution:** | | | | | | | **Department:** | | | | |
|  | | | | | | |  | | | | |
| Lead Project Coordinator Name: | | | | | | | Co-Project Coordinator Name: | | | | |
|  | | | | | | |  | | | | |
| Title/Position: | | | | | | | Title/Position: | | | | |
|  | | | | | | |  | | | | |
| Address:  (Street, City, State, Zip) | | | | | | | Address:  (Street, City, State, Zip) | | | | |
|  | | | | | | |  | | | | |
| Telephone: | | Fax: | | | | | Telephone: | | | | Fax: |
|  | |  | | | | |  | | | |  |
| Email: | | | | | | | Email: | | | | |
|  | | | | | | |  | | | | |
| **Information for Funding – Please complete accurately as this is where checks will be sent.** | | | | | | | | | | | |
| **Please list the contact you worked with in the Office of Sponsored Projects/Grants Office:** | | | | | | | | | | | |
| **Name:** |  | | | | | | | | **Phone:** |  | |
| **Email:** |  | | | | | | | | | | |
| **Any special instructions for USHE when sending the check.** | | | | |  | | | | | | |
| Make Check Payable to: | | |  | | | | | | | | |
| Mailing Address with who the ***Attention To*** should be: | | | |  | | | | | | | |
| Total Grant Funds Requested from USHE: | | | | | | | | **$** | | | |
| I, the Project Coordinator, agree to complete all activities as outlined in the proposal and reporting requirements as identified in this RFP. | | | | | | | | | | | |
| Signature of Lead Project Coordinator | | | | | |  | | | | | |