



Tallahassee Community College Foundation College Innovation Fund Application

Applicant and Key Contact Information

Primary Contact:

Email:

Department or Division:

Phone:

Status:

Supervisor Name (Faculty/Staff):

Supervisor Email (Faculty/Staff):

Vice President Name (Faculty/Staff):

Vice President Email (Faculty/Staff):

Faculty/Staff Sponsor Name (Student):

Faculty/Staff Sponsor Email (Student):

Project Information

Project Title:

Expected Starting Date:

Expected Ending Date:

Total Amount Requested:

- 1. Describe your project in detail. What is the need or problem that your project will address? What evidence is there that this need or problem exists? Please provide data, if possible, that demonstrates the need or problem.**

- 2. Describe the innovation in your proposal and why it is innovative.**

- 3. What are your goals and expected outcomes for this project? How will you measure your outcomes?**

- 4. How will the College benefit from your project? What impact will your project have on the student experience, recruitment, marketing, and/or the College's strategic priorities and strategies?**

- 5. Describe the intended participants/audience for the proposed project. Provide an estimate of how many participants this project will serve.**

- 6. Describe how you will implement your project.**

7. What is the timeline for each of your activities? When will the beneficiaries of this project realize the expected benefits?

8. Provide a list of budget expenditures by line item.

9. Describe how this project will be sustained after CIF funding is expended. What is the source of future funds needed to continue this project?

Please send any attachments related to the proposal that you may have.