**PROJECT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **List Principle Applicants** *(Up to 6 are allowed)* |
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**1. Project Description**

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| **Title of Project** |  |
| **Service Sector** *(Science or Health?)* |  |
| **Goal**  |  |
| **Amount Requested***Detailed budget must be attached.* |  |
| **Project Description.** *Describe your project in detail using at least 250 words.* |
| **The identified need**. *Discuss the community need or the root cause(s) of problem(s) your project will address. You must cite all your references in text.*  |
| **How will your project help?***Provide evidence that your project can/will address your identified need in some way. You should discuss your main objective(s) here. You must cite all your references in text.* |
| **Target Population***Describe the target population. What specific benefit will the project provide to the underprivileged? Include total number of persons to be served.* |

**2. IMPLEMENTATION**

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| **Potential Funding Sources.** *List at least 3 in order of preference.* |
| **Source** | **Due Date** | **Funding Date** | **Amount Available** |
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| **Timeline.** *List the primary activities that should/will be accomplished in each month moving forward.* |
| **Month** | **Activities to Accomplish** |
| January |  |
| February |  |
| March |  |
| April |  |
| **Roles & Responsibilities.** *Describe the roles and responsibilities for your peers (roughly 50 students) throughout the project’s implementation.* |

**3. BUDGET**

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| --- | --- | --- | --- | --- |
| **Item** | **Cost** | **#** | **Source** | **Total** |
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| **Sub-total** |  |
| **10% contingency** |  |
| **TOTAL** |  |

**4. Collaboration & Evaluation**

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| **Community Collaboration.** *List and describe potential collaboration with any additional community partners relative to this request. Partner organizations in your project must provide a letter of commitment stating what contributions they will make to the project. Attach all such letters at the back of the application packet.* |
| **Evaluation.** *Describe how you will evaluate the outcome of your project (how you will measure it). If funded, you will be required to submit midpoint and end-of-year grant reports.* |

Your signature below confirms your agreement to provide an 15 minute, in-person presentation to the LSA Expert Panel Review Team. Signatures of all primary applicants required below.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please submit 1 copy of your completed proposal, attachments and supporting documents on Thursday January 11.***

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| **References** *(Use end-of-document formatting here)* |