
General Information

PROJECT TITLE

Project Lead(s) Include contact info, role, and attach CV for each (no more than 3 lead individuals)

NAME	EMAIL ADDRESS	ROLE
NAME	EMAIL ADDRESS	ROLE
NAME	EMAIL ADDRESS	ROLE

Potential Partnering APS Unit(s) or Committee(s)

UNIT/COMMITTEE NAME

Project Summary

PROVIDE A BRIEF SUMMARY OF YOUR IDEA (500 WORDS MAXIMUM).

Estimated Budget

ESTIMATE AMOUNT OF FUNDS BEING REQUESTED AND A BULLETED LIST OF LIKELY PRIMARY EXPENSES.

Duration

PROJECT TIMESPAN IN MONTHS (NO MORE THAN 24 MONTHS).

Expected Outcome

BRIEFLY DESCRIBE THE MEASURABLE OUTCOMES OF THIS PROJECT (200 WORDS MAXIMUM).