Unit Plan – PROPOSAL FOR NEW INITIATIVES

Unit:
Division or Area to Which You Report:
Name of Person Completing this Form:
Date:

Audience: Deans/Unit Administrators, IPBC, Foundation, Grants, Budget,
Purpose: A “New Initiative” is a new project or expansion of a current project that supports college goals. The project will require the support of additional and/or outside funding. The information you provide will facilitate and focus the research and development process for finding outside funding.
Instructions: Please fill in the following information.

Priority Objective or Strategic Plan Objective Addressed:

<table>
<thead>
<tr>
<th>Objective:</th>
<th>(include goal/objective number from Part II of your Unit Plan for reference)</th>
</tr>
</thead>
</table>

Project Description:

Expected Outcome:

Activity Plan to Accomplish the Objective:

<table>
<thead>
<tr>
<th>ACTIVITY NO.</th>
<th>ACTIVITY (simple description)</th>
<th>PERSON(S) RESPONSIBLE</th>
<th>TIMELINE (OR TARGET COMPLETION DATE)</th>
</tr>
</thead>
</table>
**Resource Requirements:**

<table>
<thead>
<tr>
<th>ACTIVITY NO.</th>
<th>BUDGET CATEGORY AND ACCOUNT NUMBER</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Personnel (staffing and benefits for professional experts, reassigned time, classified personnel).*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supplies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

Proposed personnel workload may be covered by:
- [ ] New Hires: Faculty # of positions ________  Classified staff # of positions ________
- [ ] Reassigning existing employee(s) to the project; employee(s)’ current workload will be:
  - [ ] Covered by overload or part-time employee(s)
  - [ ] Covered by hiring temporary replacement(s)
  - [ ] Other, explain ____________________________________________________________________

At the end of the project period, the proposed project will:
- [ ] Be completed (onetime only effort)
- [ ] Require additional funding to continue and/or institutionalize the project (obtained by/from):
  ___________________________________________________________________________________

Will the proposed project require facility modifications, additional space, or program relocation?
- [ ] No
- [ ] Yes, explain: ____________________________________________________________________

Will the proposed project involve subcontractors, collaborative partners, or cooperative agreements?
- [ ] No
- [ ] Yes, explain: ____________________________________________________________________

____________________________________________________________________________________
Do you know of any grant funding sources that would meet the needs of the proposed project?

☐ No
☐ Yes, list potential funding sources: