Unit Plan – PROPOSAL FOR NEW INITIATIVES

Unit: Andrew Wells
Division or Area to Which You Report: Math/Science
Name of Person Completing this Form: Andrew Wells
Date: March 14, 2008

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:

Objective: (include goal/objective number from Part II of your Unit Plan for reference)
No new initiatives. We already have quite a few ongoing projects as described in part II.

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>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Personnel (staffing and benefits for professional experts, reassigned time, classified personnel).*</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supplies</td>
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<td></td>
<td>Other</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Total</td>
<td></td>
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</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: