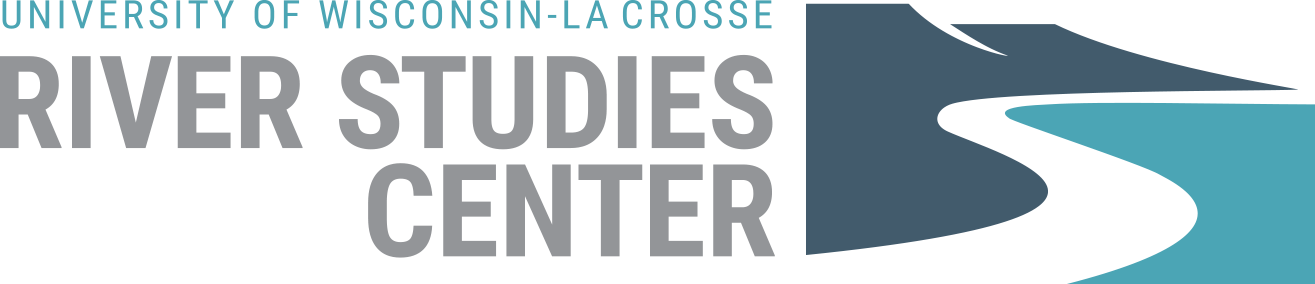
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**Ron and Jane Rada River Studies Center Margins of Excellence Grant Program**

**COVER SHEET**

**Name(s); please indicate the home department of each applicant**

Click here to enter text.

**Title of Proposal:** Click here to enter text.

**Proposal Type:**

Confluence Project

Tributary Project

**Amount Requested (Confluence projects; $5,000 maximum, Tributary projects: $1,750 maximum)**

Click here to enter text.

**200-word Project Summary**

Click here to enter text.

**Signatures**

(A signature by a chair or dean indicates that department and college/school will permit the project to occur if it is funded; it does not commit funds or staffing.) Add or delete lines as necessary.

**Applicant**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

**Applicant**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

**Department Chair**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

**Department Chair**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

**Dean** ­­ Date\_\_\_\_\_\_\_\_\_\_

**Dean** ­­ Date\_\_\_\_\_\_\_\_\_\_

**Proposal Narrative**

Proposal narratives are limited to 5 double-spaced pages. A minimum font size of 11 (eleven) should be used.

Narratives must address the following criteria:

1. **Statement of the Project Significance**: Indicate why the project is important for the advancement of one or more of the RSC’s priorities as listed above.
2. **Objectives**: Define the specific outcome(s) of the project.
3. **Project Timeline**: Outline when project activities will occur and who will be responsible for their completion.
4. **Assessment Plan**: Describe the plan for assessing project effectiveness.

Click here to enter text.

**Ron and Jane Rada River Studies Center Margins of Excellence Grant Program**

**PROJECT BUDGET SUMMARY & JUSTIFICATION SHEET**

**{If Applicable}**

Describe and justify your anticipated expenses

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_

Describe any financial support for your project coming from other sources

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_

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Expenses TOTAL $ \_\_\_\_\_\_\_

Other support TOTAL $ \_\_\_\_\_\_\_\_

**TOTAL FUNDING REQUESTED** (not to exceed maximums) **$ \_\_\_\_\_\_\_\_**