Grant Project Questionnaire for 2015-16 Return to Your VP by TBA

| Your Name: | | |
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| | | En |
| Department: | | |
| Di | Division: | |
| Campus(es) Where Project Will Take Place: RVC RWC TRC Supervisor's Approval: | | |
| | | 1) |
| 2) | Discuss how your project fulfills the college mission and one or more of the college's strategic objectives: | |
| 3) | Discuss the college's experience in addressing this problem and providing the recommended service(s): | |
| 4) | Describe college staff's expertise and ability to develop (a) a grant proposal and (b) the project, if funded: | |
| 5) | List potential partners and what each may contribute to the project: | |
| 6) | Explain the project's long- and short-term financial potential for RCC: | |
| 7) | What will be the college's investment (e.g. space, personnel, matching funds)? | |
| 8) | a. Discuss your project's impact upon other departments: | |
| | a. Indicate whether those departments support these project impacts: | |
| 9) | Do you have a funder in mind?Yes Name of Funder:No | |