**General Information**

Project Title: ___________________________ Date: ________________

Concept submitted by:
Name: ___________________ Title: ___________________ Dept.: __________
Email: ___________________ Phone: ___________________
Preferred contact: □ email □ phone Best days/times to contact: ___________________
Department Head/Dean
Signature_____________________________________________________________

Project Description (What will you do? Where? With whom? And WHY?) *(Please limit to one paragraph.)*:

________________________________________________________________________

What broad categories of issues or opportunities does your project address? *(Use keyword phrases—for example, adult literacy, juvenile crime prevention, etc.)*

________________________________________________________________________

**Goals & Objectives**

What is the big picture impact your project will make?

________________________________________________________________________

What will be the key success indicators for your project?

________________________________________________________________________
Budget and Expense Planning

Approximate total project budget: ________________________________

Select categories of anticipated expenses: ________________________________

Is there a smaller amount that could feasibly start your project and still make an impact? If so, amount: ________________________________

Please list any potential funding partners: ________________________________

For more information, please contact:
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