

New Directions **REQUEST FOR PROPOSAL**



MINNESOTA STATE
IT Center of Excellence

Project Title

Short Description of Project

**Please complete and submit by 04/05/2019*

Data Submitted:

Submit Proposals to:
Janice.aanenson@metrostate.edu
Questions? 612-659-7226

Faculty Project Lead Contact Information



First Name:

Last Name:

Faculty Lead Main College/Campus:

E-mail Address:

Faculty Position

Phone:

Associate Faculty Member

Assistant Faculty Member

Community Faculty Member

Adjunct Faculty Member

Industry Leader

Other

Lead Faculty College Dean Name

E-mail



Provide a brief description of your Proposal (max 2000 characters):

Describe the Value of your Proposal including who will benefit from the work (max 2000 characters):

Detail your Funding Requests (max 2000 characters):

Additional Project Faculty or Industry Members



Name, Phone and E-mail Addresses needed for each member, if more than 3 list additional members in text box below

Name # 1:

College:

Faculty Position: Associate, Assistant, Community, Adjunct, Other

Phone:

E-mail Address:

Name #2:

College:

Faculty Position: Associate, Assistant, Community, Adjunct, Other

Phone:

E-mail Address:

Name #3:

College:

Faculty Position: Associate, Assistant, Community, Adjunct, Other

Phone:

E-mail Address:

Additional Faculty Members, Position, College, Emails

Timeline To Complete



Deliverable and Timeline

FOR REVIEW PURPOSE ONLY

	Yes	No	Additional Info needed
Does the Project Meet the Deadline of April 5, 2019?			
Is Form completely filled out?			
Is there at least two Minn State institutions listed?			
Does Project add Value to a current IT Need in Minnesota?			
Does Project describe how others can benefit from the work?			
Are the Deliverables and Timeline clearly stated?			
Confirmation that Faculty are allowed to work on project?			
Project is Funded			