



## TSO Grant Application

Department or individual(s) requesting funds \_\_\_\_\_

Contact person \_\_\_\_\_

Phone number \_\_\_\_\_ email \_\_\_\_\_

Amount requested \_\_\_\_\_ Number of classes/departments served \_\_\_\_\_

Department chair signature \_\_\_\_\_

Scott McIntyre signature \_\_\_\_\_

Overview of project and reasons for assistance:

Discuss the department or classroom objectives and goals, and how they tie into the proposed project:

Assessment: Please discuss the relevance of the project as the key solution to the given problem. How will you know your goals and objectives have been met?

Please discuss a plan for the project's implementation. Include the number of personnel, materials, timeframe and other key resources needed.

Longevity of project: How long will this project be in use?

If multiple requests for funds are submitted from a department, please prioritize the projects.

On a separate sheet of paper, please include an itemized list of costs. Be specific. If extension cords are needed, include them.