



# Valdosta State University

## **STRATEGIC FOCUS 2010 PROPOSAL FORM**

**Submitted By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Department/College/Division:** \_\_\_\_\_

**Strategic Focus Standard (Select 1 or more)**

**Corresponding Assessment\***

- Recruitment/Enrollment of Students** → # of New Students: \_\_\_\_\_
- Retention & Graduation/Enrollment of Students** → # of Additional Students Retained: \_\_\_\_\_
- Scholarship/Research** → # of Scholarly Activities: \_\_\_\_\_
- Financial Solvency Resources** → \$ Revenue/Savings: \_\_\_\_\_
- Develop New Academic Initiatives/Programs** → # of New Students: \_\_\_\_\_

\*This is the number or dollar value that is associated with the proposed project. Existing students and efforts should not be included in these figures; only additional students/scholarly activities/dollars (i.e. no double counting).

**Brief Proposal Description:**

**Budget** (Specify dollar amounts and elaborate as needed on summary page):

| <b>Item</b>                                                         | <b>Description</b> |
|---------------------------------------------------------------------|--------------------|
| <input type="checkbox"/> Staff # _____ Salary and Fringe \$ _____   |                    |
| <input type="checkbox"/> Travel \$ _____                            |                    |
| <input type="checkbox"/> Operating \$ _____                         |                    |
| <input type="checkbox"/> Equipment \$ _____                         |                    |
| <input type="checkbox"/> Other \$ _____                             |                    |
| <input type="checkbox"/> Space (office, lab, classroom, etc.) _____ |                    |
| <b>Total \$</b> _____                                               |                    |

**Duration:**

- One –Year       Multi –Year (# of Years: \_\_\_\_\_)       Indefinite

**Supplemental Funding Sources** (e.g, department operating budget)

**Schedule: Expected Time to Completion**

**Start Date:** \_\_\_\_\_

**End Date:** \_\_\_\_\_

**Assignment of Responsibility (name and title):**

**Primary:** \_\_\_\_\_

**Secondary:** \_\_\_\_\_

**Additional Information:**

**APPROVALS (Signatures)**

**Ranking of Proposal**

This portion to be completed by approvers following the evaluation of the constituent group.

| Approver                  | Signature | Rank | # of Proposals Forwarded |
|---------------------------|-----------|------|--------------------------|
| DEPARTMENT HEAD/DIRECTOR: |           |      |                          |
| DEAN:                     |           |      |                          |
| DEANS' COUNCIL:           |           |      |                          |
| VICE PRESIDENT:           |           |      |                          |
| P&B COUNCIL:              |           |      |                          |