



OFFICE OF TITLE III PROGRAMS

## PROPOSAL REQUEST FORM

Date: 15 June 2017

## Activity Director Data

Activity Director: Tracy S. Williams Department: Career Services

Email: Tracy.Williams@asurams.edu Phone: 229 430 4652 Fax: —

Co- Activity Director: Department: —

Email: Phone: Fax: —

## Proposal Data

Title of Proposal: Providing Student Professional Development for Career Success Through Awareness, Persistence and Completion of Academic Choice

Performance Period (Please indicate below the performance period of your proposal. The range is from 1 to 5 years.)

Start Date: Choose an item. 10/1/2017 End Date: Choose an item. 9/30/2022

Proposal Class: Choose an item. Project Type: Choose an item.

Project Location: Choose an item. Albany State University/Campus wide

Where will the project be conducted? Bldg: TBD Room: Other: —

Will additional space or renovation be required? ☐ Yes ☒ No

## Budget Data

Total Amount of Title III Funds Requested: \$ 300,640.00

Total Funding Allocated for this Activity: \$ 300,640.00

Will there be Cost Sharing or Matching Funds? ☐ Yes ☒ No

Cost Sharing/Matching Source Account Name(s)

Source Account Number(s)

Amount(s)

		\$
		\$
		\$

## Key Personnel Data

Title	Department/Unit	Release Time %	Salary Requested	Fringes Requested
Director of Activity	Career Services	— %	\$ 21,350. <sup>00</sup>	\$ 7625. <sup>00</sup>
Career Dev Coord. (East)	Career Services	— %	\$ 38,000. <sup>00</sup>	\$ 12810. <sup>00</sup>
Career Dev Coord. (West)	Career Services	— %	\$ 15,855. <sup>00</sup>	\$ 5162. <sup>00</sup>
Career Relations Coord.	Career Services	— %	\$ 35,350. <sup>00</sup>	\$ 11,726. <sup>00</sup>
		%	\$	\$
Office Manager	Career Services	— %	\$ 30,000. <sup>00</sup>	\$ 10,713. <sup>00</sup>
Student Ambassadors	Career Services	— %	\$	\$

## Compliance and Certifications Data

- ☐ Yes ☒ No Is this activity likely to result in Intellectual Property?
- ☐ Yes ☒ No Is the activity director or co-activity director currently debarred, suspended or ineligible to receive federal or non-federal funds? (To search, please visit <https://www.sam.gov>.)
- ☐ Yes ☒ No Does the proposed work include Human Subject Research? (If so, IRB approval and reporting to funding agency is required.)

### Unallowable Expenses

Grant Funds cannot be used to do the following:

- Support graduate programs
- Fund student recruitment, advertisement or direct fundraising
- Fund domestic or international student travel; nor international student employment or stipends
- Fund international travel of faculty or staff
- Fund activities or positions that were previously state funded (Supplanting)
- Fund projects that generate a profit
- Fund other activities that are deemed unallowable by Title III grant regulations.

### Document Attachment and Acknowledgement Section

Proposal Narrative: yes Budget Narrative: yes Letters of Support (if applicable): \_\_\_\_\_

Required Approvals (Form on page 3): yes

### Acknowledgement Section

As the Activity Director/Co- Activity Director of this proposed activity, I acknowledge responsibilities associated with my role and agree to comply with the sponsoring agency's terms and conditions for awards. I further certify that the information submitted within this form is true, complete and accurate to the best of my knowledge. I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I accept responsibility and accountability for implementation of the activity, including provision of required reports where funds are assigned to this activity. I understand that by accepting appropriation of these funds, I have not been relieved of any other duties as defined or assigned by my supervisor. Moreover, my supervisor has authority to deny any aspect of the activity that is in conflict with institutional policies and/or priorities.

Please indicate your acknowledgment and agreement to above statements by checking the appropriate box below and inserting your initial on the line provided.

☒ Activity Director Signature: Tracey Williams Date: 15 June 2017

☐ Co-Activity Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval Signatures**

Department Chair/Unit Director: \_\_\_\_\_

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

Dean (if applicable): \_\_\_\_\_

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

Area Vice President: \_\_\_\_\_

Date: 6-15-17

VP AA

Title III Administration\*: \_\_\_\_\_

6/15/17  
Date: \_\_\_\_\_

\*Indicates that the proposed activity is in compliance with terms and conditions of the Title III Grant Program.

Please upload approval signatures excluding Title III Administration as indicated in the Document Attachment Section on page 2.

**To be Used by Title III Administration ONLY**

Status of Proposal: \_\_\_\_\_

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

Notes: \_\_\_\_\_