PROPOSAL REQUEST FORM

Date: June 15, 2017

		Activi	y Director Data						
Activity Director:	Mark Hankerson				Department:	Engl	ish and Mod, Lan.		
Email: mark.hank	erson@asurams.edu		Phone:	229-430)-4841	Fax:	229-639-3703		
						-			
Co- Activity Director:	Adriane Harris				Department:	Engl	ish and Mod. Lan.		
Email: adriane.h	arris@asurams.edu		Phone:	229-430	-1934	Fax:			
		Đ٧	oposal Data						
Title of Proposal: Strengthening Tutoring and Student Services through Writing Center Support									
The bi Proposal:									
Performance Period (F	Please indicate below the performan	nce pe	riod of your prop	osal. The rang	ge is from 1 to 5 y	/ears.)			
Start Date: Cho	ose an item. October 1, 2017	ı	End Date: Choo	se an item.	September 30,	2018			
			.		***************************************				
Proposal Class: Cho	ose an item.	Proj	ect Type: _Choc	se an item.					
Project Location: Choose an item.Writing Center, ASU East-Radium Springs									
Where will the project	be conducted? Bldg:	Holle	y/Multipurpose		m: <u>201</u>	Other:			
Will additional space of	r renovation be required?		ဩYes □N Idget Data	10					
Total Amount of Title	III Sunda Parusatada	ċ	80,294						
Total Amount of Title	•	>							
Total Funding Allocate	·	, _	80,294						
Will there be Cost Sharing or Matching Funds? □Yes 风No Cost Sharing/Matching Source Account Name(s) Source Account Number(s) Amount(s)									
							\$		
							\$		
. 107.0							<u> </u>		
		Key P	ersonnel Data				N. C. O' SERVICE STATE		
	· · · · · · · · · · · · · · · · · · ·		Release	Salary	Fringes				
Title	Department/Unit		Time %	Requested	Requested				
WC Coordinator, Activity Dir WC Specialist, Co-Activity Dir	Dept. of English and Mod. Lang. Dept. of English and Mod. Lang.		8 %	\$ 3,452 \$ 2,800	\$ 1,233 \$ 1,000				
TTO Opening, GO TIGHTRY BII	Dept. Of Esiglian and Mod, Early.		%	\$ 2,000	\$ 1,000				
			%	\$	\$				
			%	\$	\$				
			% %	\$	\$				
		· ·		ر با	· ·				
			nd Certifications	Data					
	activity likely to result in Intellectua		•						
☐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: X Budget Narrative: X Letters of Support (if applicable):						
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 claim 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: Activity Director Signatur						
□ Co-Activity Director Signature: \(\delta_{intell} \) \(\delta						

Department Chair/Unit Director:	Date: 6-16-
Dean (if applicable):	Date:
Area Vice President:	Date:
Title III Administration*:	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:	