

For VIA Planning Counsel Use Only:  
Action \_\_\_\_\_  
Amount \_\_\_\_\_

- Transformational**
- Pathways**

**STRATEGIC INITIATIVE FUND  
GRANT APPLICATION**

Project Director and Partners –
Department/Academic Unit –
Project Title –
Has approval for this project, in whole or in part, been previously sought at TCU? If yes, please describe the outcome.
<p>Authorizing Signatures: Multi-disciplinary or multi-departmental request must include <b>all</b> appropriate signatures related to the Project Director and partners if the partners require work release.</p> <p>Project Director _____</p> <p>_____</p> <p>Department Chair/Immediate Supervisor _____</p> <p>_____</p> <p>Does this project support the Strategic Plan of the School, College or Division? (Signature required of the Project Director's Dean or Vice Chancellor)</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      _____</p>
<b>EXECUTIVE SUMMARY (200 WORDS)</b>

Are funds available from other sources? If so:

Source -

Amount -

Funding Period - to

If you have been awarded funding or have submitted this project for extramural funding, please indicate the following:

Agency -

Amount -

Proposal Status  Awarded  Denied  Pending

Will the results of this Strategic Initiative grant enable you to apply for extramural funding?

Yes  No If yes, when do you plan to submit the proposal?

Does this proposed project:

Yes  No Involve **curriculum changes** or **new curriculum/courses**.

If yes, date of review or approval

\_\_\_\_\_ (date) - by department(s)

\_\_\_\_\_ (date) - by college(s)

\_\_\_\_\_ (date) - by council(s)

List the departments/units whose participation is essential to the project's success: