

# FACULTY FUNDING OBJECTIVES WORKSHEET



The Funding Objectives Worksheet is designed to help you define your project plans. The questions posed below are the same questions that a grant maker will ask you to answer in a concept paper, letter of inquiry or full proposal. **While there is never a guarantee that private funding will be secured for your endeavor**, having this information readily available will allow us to better understand overall priorities in the University and to more effectively match donor interests and objectives with specific funding needs.

## Consultation with the Dean's Office

Have you discussed this project idea with your department Chair or Dean? Are they able to fund your project internally? If you need external funding in excess of \$25,000, then fill out this worksheet.

### Title of Program/Project:

### Contact Information:

Primary Department/Center Affiliation:

Primary/Event/Program Web Site:

Primary Contact Person:

Campus Address:

Phone:

E-Mail:

Additional Contact Person:

Campus Address:

Phone:

E-Mail:

### Program Summary

Please provide a 2-3 sentence description of your program/event/ project.

### Program Description

Please outline how your program/project will address the above need. What are your objectives (measurable outcomes/benchmarks) and how will you reach those objectives (methods)? Who will be served? Who will be responsible for carrying out and evaluating the project? How long will the project last? What is your overarching goal (the long-range benefit you seek)?

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**Budget**

Note the total dollar amount that you need. If you are seeking funds for an endowment (rather than funds that will be expended in their entirety) please indicate that here.

**Time Period**

Indicate whether you are seeking a one time gift of the above amount or multiple gifts over time. (Examples: "one-time gift of \$35,000" or "year 1 start-up funds of \$20,000 plus \$10,000 per year for four years")

**Funding Resources**

Have you identified potential funders for your project idea? If so, please list them. If not, consult the Funding Resources List, [www.suffolk.edu/giving/15263.html](http://www.suffolk.edu/giving/15263.html).

**Options for Partial Funding**

Would you be willing to accept partial funding for your request? If so, please indicate the amount and how the partial funding would be used.

**Other Support**

Please indicate any prior support you have received for this project (include the year and total dollar amount) and any pending applications for support.

**Signatures**

Department Chair/Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name:

Project Director: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name:

**Submit completed worksheet to:**

Corporate, Foundation &  
Government Grants  
8 Ashburton Place  
Boston, MA 02108  
Phone: 617-573-8443  
Fax: 617-573-8711