

Integrated Cluster Project Proposal Budget Form

Note: Any IC Projects not requiring specific Integrated Cluster funding do not need to complete this form.

The intent of this form is to identify and quantify incremental expenses requiring funding from the PSU Integrated Cluster initiative. This form is intended to be used as a budget estimating tool and is a required input to the Integrated Cluster Project Funding Process. When IC funding is being requested, the Project Proposal Budget Form must be accompanied by both the IC Project Proposal Form and IC Project Planning Guidelines Form for a complete submission package.

Project Title: Community Health Advocacy Project (CHAP)

Project Proposal Submitter: Sandra Van Gundy

Home Cluster:

Other Sponsoring Clusters: none (Health and Human Enrichment above-could not get drop down to work).

Project Form Completion Date: 2/14/2017

XX I understand that project funding may not be approved and that no reimbursements are possible prior to approval. Further, I understand it is my personal responsibility for any expenses incurred prior to approval.

Faculty Release Time

- XX** This project DOES NOT require Faculty Release Time
 This project DOES require Faculty Release Time (**complete below**)

Department Chair(s) contacted: Kathleen Patenaude

Department Chair(s) Approval Date: 2/15/2016

Anticipated Project Duration:

9 months for project duration

Provide a brief description for each of the following topics (**aligned to the Excel Spreadsheet on Page 2**):

Personnel Needs: A clinical coordinator to be available to help with set up, room reservations, scheduling, and student training prior to the screening dates. At least one faculty member present at each of the screening stations, non-nursing staff to help with booking space and set up of tables and chairs and CAHL to advertise to public.

Supply and Material Needs: Accucheck blood glucose monitors (2=~\$200) and accompanying supplies (test strips, finger sticks, gloves, alcohol =~\$200); portable standing scale (2 =~\$100), Cardiocheck portable cholesterol screening tool (2=~200) and associated supplies (=~\$200), portable blood pressure cuffs (4=~\$100).

Travel Needs: none

General Operating (Other) Expense Requirements: none

Other Funding Sources for the Project: none

Please note whether your project is either a one-year project or has the potential to be a multi-year project if funds were to be available. ***Only one-year funding will be awarded***, so a multi-year project should be framed in one-year increments. Annual funds awarded must be expended within the academic year budgeting cycle.

In the table below, provide specific descriptions for each of the funding items being requested. Only the Current Academic Year's funding requests need to be completed on this form. NOTE: Personnel cost calculation data is an approximation and may not be precisely reflective of actual amounts.

Please **Double-Click on the Excel Spreadsheet** to open it and enter data. When completed, click outside the Excel table and then save the form.

Cost Category		Current AY Funding Requirements	NOTE: Personnel cost calculation data is an approximation and may not be precisely reflective	
PERSONNEL			Enter Factors Below	First Year Project Calculation
o FT Faculty Course Release		\$ -		<< Number of Course Credits
o FT Faculty Summer Stipend		\$ -		<< # of faculty members
o Teaching Lecturers		\$ -		<< Equivalent Credit Hours
o Graduate Assistant		\$ -		<< Total Project Hours
o UG Student Stipend		\$ -		<< Total Project Hours
o UG Work Study		\$ -		<< Total Project Hours
o External Hire Administrative Support		\$ -		<< Total Project Hours
Subtotal Payroll		\$ -		
SUPPLIES AND MATERIALS				
o Expendable Supplies		\$ 400.00		
o Equipment		\$ 600.00		
o Technology <i>(Note a consult is required with ITS)</i>				
Subtotal Supplies and Materials		\$ 1,000.00		
TRAVEL				
o Lodging				
o Transportation				
o Meals				
Subtotal Travel		\$ -		
GENERAL OPERATING OTHER				
o Marketing and PR				
o Contract Work				
o Business meetings				
o Other				
Subtotal General Operating (Other)		\$ -		
Total Project Costs		\$ 1,000.00		
OTHER SOURCES OF FUNDS				
o Grants				
o External Partners				
o Other				
Subtotal Other Sources of Funding		\$ -		
Total Funds Requested		\$ 1,000.00		