

PoH Proposal Submission Form

Please download/copy and complete the attached submission form and send back the PoH Program Coordinator at bynum@gonzaga.edu. Please include your name and that you are submitting a proposal in the subject line of your email.

| | |
|---------------------|--|
| PROJECT NAME | |
|---------------------|--|

| | |
|-----------------------------|--|
| PROPOSAL DATE | |
| ESTIMATED START DATE | |

| | | | |
|-----------------------------|--|--------------------|--|
| PROJECT LEADER(S) | | AFFILIATION | |
| OTHER CONTRIBUTORS | | | |
| PRIMARY CONTACT NAME | | ADDRESS | |
| PHONE | | | |
| EMAIL | | | |

May leave blank if university faculty, student, or staff.

| | |
|---------------------------------------|---|
| DESCRIBE CURRENT/PAST PROJECTS | <p><i>Describe any work you or your team have completed with the PoH in the past. Indicate N/A if none.</i></p> |
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| PROJECT SUMMARY | |
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|------------------------------|--|
| POH MISSION ALIGNMENT | |
|------------------------------|--|

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| PROJECT OUTCOMES | |
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| PROJECT AUDIENCE(S) | |
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| REQUESTED NON-FISCAL SUPPORT | <i>(E.g., graduate assistant support with scheduling spaces)</i> |
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| | |
|---------------------------------|---|
| REQUESTED FISCAL SUPPORT | <i>Please provide an itemized list below.</i> |
|---------------------------------|---|

Please check the following box indicating you have read, and agree to completing one of the following post-reward requirements:

1. Offer a presentation (e.g., Lunch and Learn) of your research and/or project to students, faculty, and staff
2. Create a free, downloadable resource for community members based on your work
3. Provide a free training and/or workshop for community members (GU and/or local) that enhances attendees skills and abilities to serve diverse audiences

I have read and agree to the above

Additional Comments for Review Team:

Please attach supplemental documents that will aid in helping understand your project.

Please ensure you include the following in your proposal:

- Submission Form
- Itemized List of Funding Needs
- Proof of IRB Approval (if applicable)
- Supplemental Documents as Needed

ACCEPTANCE/REJECTION OF PROPOSAL

_____ACCEPTED _____REJECTED