

College Action Project Worksheet for Proposed New CAP Projects

Directions: Complete this worksheet (electronic) for each proposed College Action Project. Email to Donna at dkragt@grcc.edu

END Subcommittee _____ Person completing form _____

1. Give a short **identifying title** (under 10 words) to this Action Project.
2. **Proposed Project Champion** (NOTE: Final decision regarding CAP champion assignments will be made by the EBCO.)
3. **Proposed CAP Team Members:**
4. Describe the **purpose** of this project including a description of the associated activities. (100 words or fewer)
5. Describe the **goals** of this Action Project (in 100 words or fewer)
6. What **measurable criteria** will be used to confirm this project's success?
7. What **Indicators of Success** will this project most likely impact? Please indicate whether the project will directly or indirectly impact the measure.
8. What **personnel resources** are required to deliver the project successfully?

Department	Describe
Information Technology	
Institutional Research	
Facilities	
Other	

9. What **additional resources** will be required to develop and/or sustain the project?

Category	Cost	Explanation (one time or recurring)	Which budget will cover these costs?
Supplies			
Training			
Equipment			
Other			
TOTAL Cost Estimate			

10. Will this project require any **additional budget dollars** for the 2012-2013 academic year that have not already been secured? ___NO ___ Yes

If yes, please describe briefly:

11. Is this project **dependent on or related to** any other college action project? (Please explain)

12. List the **major activities** associated with this project when implementation begins? (Please explain)

The following section will be completed by the SLT Exec team following recommendation from SLT

SLT Review Date: _____

Action taken: ___ Approve ___ Disapprove

CAP Champion: _____

CAP Number: _____