**KSURSF PROJECT INITIATION FORM**

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| **PROJECT NAME:**  |
| **Date:**  |  | **Project Director:** |  |
| **Start Date of Project:** |  | **End Date of Project:** |  |
| **Center/Institute/Department and College:** |  |

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**Please provide a detailed justification for project (attach additional sheet as needed).**

1. How does this project benefit KSURSF and KSU?
2. Describe the objectives and activities of the project.
3. Please list name and role/responsibilities of all KSU personnel.

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# Funding Source:

Please list funding source(s) for project (include name and address). Will there be regular infusions of funds or a one-time deposit?

**Proposed budget for project:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| --- | --- |
| **Budget Item** | **Amount** |
| **Supplies and Materials** |  |
| **Travel (non employee)** |  |
| **Consultant** |  |
| **Other**  |  |
|  |  |
|  |  |
| **Total** | **$** |

**Narrative description of proposed budget items** – attach additional sheets if necessary. If there are no planned budget items, provide an explanation. Please review FAQ #2 for information about allowable costs.<https://research.kennesaw.edu/ksursf/policies-procedures/faqs.php> If you anticipate any meals, entertainment, or alcohol expenses, please include an explanation in the narrative description.

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| **Project Director Signature:**  |  |
| **Date:**  |  |
| **Direct Supervisor Signature:** |  |
| **Date:** |  |

 Revised 8/7/19