



PROVOST'S INVESTMENT FUND PROPOSAL SCREEN SHOTS - FALL 2023

First Name *	Last Name *	
Primary Appointment Title *		
Department Name *		
College/Division Name *		
Employee ID#		
PI ORCID Number (optional but p	preferred)	

	or Team Member(s) * de the name, email, and affiliation of the team member(s) who will execute the oject.
	There are no entries yet. Click the button below to add a new entry.
Proposal Ti	tle *

Year 1 Funding * Please provide the amount of funding requested for year 1. Year 2 Funding * Please provide the amount of funding requested for year 2. Put zero (0) if you are not requesting funding for year 2. Relevant Operational Areas * Assign the request to up to two of the following broad operational areas that fit best with your proposal. Academic/Instructional Program Instruction and/or Research Infrastructure Project Student Support Program Employee Support Program		No Yes
Please provide the amount of funding requested for year 2. Put zero (0) if you are not requesting funding for year 2. Relevant Operational Areas * Assign the request to up to two of the following broad operational areas that fit best with your proposal. Academic/Instructional Program Instruction and/or Research Infrastructure Project Student Support Program		_
Assign the request to up to two of the following broad operational areas that fit best with your proposal. Academic/Instructional Program Instruction and/or Research Infrastructure Project Student Support Program	Plea	se provide the amount of funding requested for year 2. Put zero (0) if you are not requesting
Student Support Program		
	Assig	osal.
	Assig	Instruction and/or Research Infrastructure Project

	cutive Summary *
abo Jni Jep	use provide a short executive summary that describes:(i) a statement of what the project is all ut and the final outcomes.(ii) a statement of how the proposed project promotes the versity's ambitions for excellence/distinctiveness/inclusivity within the host artment/college/division/support unit. (iii) a statement of the expected impact(s) and return exestment if the project is successful. Maximum 3,000 characters with spaces for
pp	roximately 500 words.
	ategic Alignment * gn the request to one more more strategic pillars that fit best with your proposal.
	Select All
	Pillar 1 Wildcats Journey
	Pillar 2 Grand Challenges
	Pillar 3 Arizona Advantage
	Pillar 3 Arizona Advantage Pillar 4 Arizona Global

	ategic Alignment Statement * vide a statement of how the proposed project advances the goals of the strategic plan
	ar(s) selected above. Maximum 1,500 characters with spaces for approximately 250 words.
	eas for Funding *
Ass	ign the request to one more areas for funding that fit best with your proposal.
	Select All
	Increasing students' success, graduation, and retention, especially for groups underrepresented within the relevant disciplines.
	groups underrepresented within the relevant disciplines.
	Promoting growth and opportunities to generate new net revenues for
	the institution.
	Expanding student experiential learning.
	Enhancing research capacity.
	,
	Promoting diversity and inclusivity.

Provide	ng Priority Statement * a statement of how the proposed project addresses the priority or priorities selected
	If the project will increase student success and/or inclusivity, provide baseline data, goals, plementation plans for the target population. Maximum 1,500 characters with spaces for
	imately 250 words.
Project	t Plan *
	a project plan that includes: A project plan which includes a project timeline and
	sk list to achieve goals; The desired fiscal year for investment. Proposed projects may
	ore than one fiscal year, but no request may exceed two fiscal years; A statement of
_	s sustainability after the initial investment from the PIF if it is expected to continue past funding cycle; If applicable, requests should describe any other sources of funding to be
	to the proposed project. Matching funds are welcomed but not required. Maximum
	haracters with spaces for approximately 500 words.

	for individuals who should receiv receive all notifications you receiv		oplication.
Email Addresses for noti			
Include only email addresse application.	s for individuals that should recei	ve notifications about yo	ur

Dr	op a file here or click the button below to load the file.
Dit	Choose file
Dent Head/Cha	uir/Dean/VP Letters of Support *
Requests must in	nir/Dean/VP Letters of Support * Include brief signed letters of support from the relevant dept head(s)/ chair(s)/dean(s)/VP(s), signifying that the project is supported by the relevant campus num of 2 pages.
Requests must in director(s) AND d	nclude brief signed letters of support from the relevant dept head(s)/ chair(s)/ dean(s)/VP(s), signifying that the project is supported by the relevant campus
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		Choose file		
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