Proposal Form

Student Innovation and Enrichment Fund [SIEF]

Faculty of Architecture, University of Manitoba

Once completed, please submit the form to Tyrone.Hofer@umanitoba.ca

Please provide the following information to the best of your knowledge where applicable and attach any supplementary information/research/documentation that may support your proposal.

Proposal Name:

Date:

Applicant Name:

Represented Student Association/Group:

Primary Contact Email:

Project Type: Cultural [ ] Technology [ ] Research [ ] Resource [ ] Other [ ]

Estimated Total Cost:

Proposal Description:

Student Benefit

How is the student body expected to benefit from this initiative?

Please check which student groups would benefit most from this initiative.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Environmental Design | LandscapeArchitecture | Architecture | Interior Design | City Planning |
| Graduate |   N/A |  |  |  |  |
| Undergraduate |  |  |  |  |   N/A |
| PhD |   N/A |  |  |  |  |

Cost Breakdown

Costs over a 3-year period

|  |  |  |
| --- | --- | --- |
| Phase | Description | Estimated Amount |
| Planning / Start-Up(Research, Equipment Purchase etc.) |  |  |
| Implementation(Training, workshops, learning, etc.) |  |  |
| Logistics(Salaries, Honoraria, Event refreshments, etc.) |  |  |
| Ongoing(Required licenses, permits, technology, etc.) |  |  |
| Other |  |  |

Implementation Plan

Detailed plan of steps and personnel required to implement proposal. Include facility + resource requirements.

Maintenance Plan

Detailed plan of required maintenance, if any, and personnel who will take on such responsibility. Relevant support and academic staff stakeholders must be consulted prior to submitting SIEF applications.

Additional Information

Please provide any additional information and/or attach any supporting documentation for this initiative.

Note: All proposals above $10,000 require a detailed report

Applicant Signature

Providing a signature confirms the commitment of the applicant to ensure implementation and completion of the initiative.

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_