

**2019 Capstone Design Project Fund**

**Application Form**

**Proposal Title:**

**Submitted By:** Name

Email address

Telephone number

**Funding Contact:** Name

Email address

Telephone number

**Faculty Supervisor:** Name

Email address

**Date:** Date of submission

# Project Background

Number of Project Members:

Project Status: (250 words max)

# Project Need (250 words max)

# Impact of Funding (250 words max)

# Project Continuity (250 words max)

**ANNEX A: FINANCIAL SUMMARY (2 pages max)**

|  |  |
| --- | --- |
| **Part A. PROPOSAL COST ESTIMATE** | |
| **Equipment** *- List the equipment that would be purchased for the project, if applicable.* |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Contest, Competition or Race Costs** |  |
| *- List all expenses to participate in a conference, competition or race, if applicable.* |  |
|  |  |
| **Administration Costs** *- List all administrative expenses, if applicable.* |  |
|  |  |
| **PROJECT FULL COST ESTIMATE** |  |

|  |  |
| --- | --- |
| **Part B. PROPOSAL FUNDING ESTIMATE** | |
| **C. OTHER FUNDING CONTRIBUTIONS** *- List all other sources of funding for your proposal, if applicable.* | |
|  |  |
|  |  |
| **D. REQUEST -**  **Capstone Design Project Fund** | |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL FUNDING REQUEST** |  |