

Central Piedmont Community College Services Corporation Inc.

Project Proposal Form

Project Title: \_\_\_\_\_

If this project is part of an existing Services Corp project, please indicate the project name below. (example: LMPD, Collegiate Test Prep, STEM Summer Experience)

\_\_\_\_\_

Section I. Project Summary

A. Brief Description:

(short summary of proposed product or service)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Identify Your Target Audience:

\_\_\_\_\_  
\_\_\_\_\_

Is there a demand for this business in the marketplace?

(if you answered yes, please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List key competitors.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you propose charging for this service? \$ \_\_\_\_\_

How does this compare to competitor pricing? \$ \_\_\_\_\_

C. Funds Requested:

(Total of funds requested)

Funding Period:

(Month/Year Project to begin & end)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**How will the proposed project will be sustained beyond the funding period?**

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**D. Project Director(s):**

(Name of primary project owner(s), include title, department. Notate relevant experience and the percentage of time estimated to achieve project success.)

Name	Title	Dept.	Experience	% Time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**E. College Goals:**

(List a specific college goal(s) this project supports)

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**F. Budget Summary:**

(Use the attached pro forma to complete this summary table of your project's budget)

**G. Funds Distribution Agreement:**

(Standard agreement for all Services Corporation projects)

1. **Project director(s) or royalty distribution** 25% of the adjusted net profit
2. **Program/department distribution** 25% of the adjusted net profit
3. **Percent rate returned to CCCC Services Corp for Admin, Legal, Accounting, Marketing Expenses** 25% of the gross profit
4. **Fund Balance\*** 25% of the adjusted net profit

\* Fund balances (both negative and positive) will carry forward for three years. The project may require renewal by the Board of Directors after 3 years at which point the distribution or reinvestment of fund balances will be determined.

**H. Administrative Review:**

\_\_\_\_\_ Date: \_\_\_\_\_  
Project Owner/Director, Title

\_\_\_\_\_ Date: \_\_\_\_\_  
Dean/Supervisor

\_\_\_\_\_ Date: \_\_\_\_\_  
Associate Vice President, Services Corp

\_\_\_\_\_ Date: \_\_\_\_\_  
Vice-President, Institutional Advancement

\_\_\_\_\_ Date: \_\_\_\_\_  
Vice President, Learning Unit  
(Required if members of the Learning Unit are serving as project owners/directors.)

**I. Outcome:**

Date of Services Corp Board Review: \_\_\_\_\_

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

Amount Awarded (if required) \_\_\_\_\_