LaneStarter Request Form

Date: _____ **Department:** _____

Name of person submitting form: _____

Working Title of Project/Idea: _____

Project Description: *(Limit 1200 characters)*

_____

_____

_____

_____

_____

_____

_____

Funding Amount Requested:_____

Project Lead: _____

Project Team Members: _____

_____

What experience does the project team bring? _____

_____

_____

What Department/Services will be involved in this project?

External: _____

Internal: _____

Have you spoken with your Dean or Director about your idea?   Yes_____   No_____

<div align="center">

General Project Plan

</div>

How does this concept align with Lane's mission, core values and strategic direction goals?

_____

_____

_____

List the major action items and milestones, including target dates: _____

_____

_____

_____

_____

_____

_____

_____

How will you measure effectiveness and success?

    At six months: _____

    At one year: _____

    Ongoing: _____

How could this concept be scaled up? _____

_____

_____

What is the net gain or impact for the college as a result of this project? e.g. *financial, increased enrollment, marketing, student success, sustainability, diversity*

_____

_____

_____

What resources are required to support this idea?

    Human _____

    Facilities _____

    Technology _____

    Materials/Equipment _____

    Custodial _____

    Other _____

Provide a revenue and expense pro forma for year one and projections for up to five years as possible.

Additional Information:_____

_____

_____

_____

_____

_____

Please submit completed form, pro forma and projections to LaneStarter@lanecc.edu.