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| Virginia Commonwealth UniversityInstitute for Inclusion, Inquiry & Innovation**Concept Proposal Application***This page must accompany all submissions* | **PLEASE LEAVE BLANK** |
| Proposal Number: |
| Date Received (mm/dd/yy) |
| Date Reviewed (mm/dd/yy) |
| **TITLE OF PROPOSED CONCEPT PROPOSAL** |
| **SELECT CORE****[ ] EDUCATION EQUITY AND EXCELLENCE [ ] INTERSECTIONALITY [ ] URBAN HEALTH AND FOOD JUSTICE** |
| **PRINCIPAL CONTACT INFORMATION** |
| NAME OF COLLEGE/SCHOOL | DEAN OF COLLEGE/SCHOOL  |
|  | DEAN’S SIGNATURE |
|  | EMAIL ADDRESS:PHONE NUMBER: |
|  |  |
| **PARTNERING COLLEGE(S)/SCHOOL(S)** |
| A. COLLEGE/SCHOOL  | A. DEAN OF COLLEGE/SCHOOL  |
|  | A. DEAN’S SIGNATURE |
|  | A. EMAIL ADDRESS:A. PHONE NUMBER: |
|  |  |
| B. COLLEGE/SCHOOL  | B. DEAN OF COLLEGE/SCHOOL  |
|  | B. DEAN’S SIGNATURE |
|  | B. EMAIL ADDRESS:B. PHONE NUMBER: |
|  |  |
| C. COLLEGE/SCHOOL  | C. DEAN OF COLLEGE/SCHOOL  |
|  | C. DEAN’S SIGNATURE |
|  | C. EMAIL ADDRESS:C. PHONE NUMBER: |

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| **PARTNERING COLLEGE(S)/SCHOOL(S) (CONTINUED)** |
| D. COLLEGE/SCHOOL  | D. DEAN OF COLLEGE/SCHOOL  |
|  | D. DEAN’S SIGNATURE |
|  | D. EMAIL ADDRESS:D. PHONE NUMBER: |
|  |  |
| E. COLLEGE/SCHOOL  | E. DEAN OF COLLEGE/SCHOOL  |
|  | E. DEAN’S SIGNATURE |
|  | E. EMAIL ADDRESS:E. PHONE NUMBER: |
|  |  |
| F. COLLEGE/SCHOOL  | F. DEAN OF COLLEGE/SCHOOL  |
|  | F. DEAN’S SIGNATURE |
|  | F. EMAIL ADDRESS:F. PHONE NUMBER: |
| \*See Attachment A to list additional partnering VCU colleges/schools\* |

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| **PARTNERING COMMUNITY ORGANIZATION (PRINCIPAL ORGANIZATION)** |
| NAME OF ORGANIZATION: | DIRECTOR OF ORGANIZATION: |
|  | DIRECTOR’S SIGNATURE: |
|  | EMAIL ADDRESS:PHONE NUMBER: |
| \*Other organizations should be listed in the text of the proposal under the section “Stakeholders”.\* |