## Name of Project

Name, Title, Affiliation

**Period of Performance**

Month Day, Year – Month Day, Year

**Faculty Institution and Background**

Institution:

Background:

**Purpose and Outcome**

Purpose:

Outcome/Objectives:

As appropriate, please describe:

* Alignment with HiEd Research Agenda
* Alignment with Next Generation Core Competencies
* Coordination with a Special Interest Group
* Consultation with FEMA Region

**Cost and Payments**

The cost of the development and delivery of this project is a fixed price of [enter amount].

**Steps and Tasks**

**High-Level Project Timeline**

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| Dates | Activities |
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**Payment:** To be provided upon the delivery of the stated deliverables to the satisfaction of the Higher Education Program.

*Assessment: Researchers will be expected to participate in periodic status meetings with the HiEd Program manager and provide written summaries upon request for the HiEd Program newsletter. Following the completion of the research activity, a report will be submitted to the HiEd Program. The report will be reviewed for content, format and section 508 compliance, approved and disseminated to relevant stakeholders via the HiEd Program newsletter and website. Research inquiries will be considered as a topic for the annual symposium.*