

**St. Cloud State University
MSUAASF Special Initiative Award Process Form**

Project Name _____

Applicant Name _____

Department _____

1. Project Proposal Approval _____
Supervisor signature Date

2. Committee Review:

Committee recommends approval of project proposal

\$_____ Minimum award \$_____ Maximum award (upon completion)

Committee rejects proposed project and discusses with applicant(s)

3. Approval of the above committee recommendation:

Vice President signature Date

President signature Date

4. Send to AS204 Letter sent to applicant

Applicant accepts the award Applicant declines the award

5. Project final written report submitted and sent to the Special Initiative Award Committee

6. Committee recommends award of \$_____.

Project Award Approvals:

Supervisor signature Date

Vice President signature Date

President signature Date

7. Send to AS204 Award letter sent to participant

Payment processed for _____
Date