

Abstract

(A brief description of the project activities. If project is funded, this text will be used for distribution in a summary of Wisconsin AHEC projects. Please keep it short and specific, using a maximum of 150 words.)

Other key individuals collaborating on this project and their affiliation

Other academic and/or community organizations partnering on this project

Number of student participants expected (indicated discipline, specialty or type of program and level of students):

Other Participants

Faculty/community-based preceptors: _____
Other community health care providers: _____
Other community professionals: _____
General public: _____
Other: _____

Expected Outcomes:

Average # weeks of clinical experience per student: _____

Average hours of other instruction per student: _____

Average hours of continuing education per participant: _____

Other (please augment this list as necessary with measurable outcomes appropriate for this particular project):

PROJECT NARRATIVE

I) Rationale/Justification of Need

II) Project Development and Methodology

A) Project Development

B) Project Goals, Objectives and Outcomes

C) Project Methodology

III) Evaluation

IV) Sustainability

NEWAHEC BUDGET FORM

	Amount Requested In This Proposal	Partner Cash or In-Kind Support	Total Project Budget	Rationale
Personnel				
Fringe Benefits				
Consultant Services				
Other Contractual Costs				
Equipment				
Supplies				
Travel				
Other				
Totals				