

Proof of Concept Form

All proofs of concept must be submitted to Andy Vincent in Carver 217 or avincent@sbts.edu

The "Proof of Concept" (POC) is designed to document specific supporting arguments and provide relevant context for a proposed personnel, operating or capital request. The information you provide will be used to determine allocation of resources for the upcoming budget year and provide accountability for the proposed request. **Approved POCs that** have been implemented but are found to not meet or exceed their projections will be defunded.

When contemplating your request, please be sure it:

- Is missional
- Supports the current institutional priorities
- And/or provides new or increased revenue

Department: POC Title:	
Required Signatures	
Requesting Budget Manager	Date
Department Dean or VP	Date

Proof of Concept Financial Summary

POC Title:		
Operating Expense	Total	\$
Personnel Expense		
Salary		
Benefits	*assume \$16,500 for full-time and 7% for part-time	
Operating Supplies		
Travel		
Other		
	(Less internal funding available)	
	Total Personnel Expense	\$
Carital Ermanga		
Capital Expense		
9	assume \$2000 per desk, \$500 per chair	
-	echnology - assume \$600/computer, \$200/phone	
Equipment	ns - contact Operations for cost estimates	
<u></u>		
	Total Capital Expense	\$

Operating Request

Initiative Title:		
		be the new initiative:
2.	Budge	t Impact
	a.	Estimate the total cost of the new initiative for the first budget year. (<i>Please provide detail of your calculations.</i>) Enter total on Financial Summary Sheet.
	b.	Identify funds within your current budget to be given up or allocated to help fund this proposed initiative. (List specific account numbers and dollar amounts you plan to contribute to this request.)

C.	Estimate the revenue projection (if any) the new initiative will provide for the first budget year and beyond.
Justific	cation
	a. Identify the positive impact on your department, division, and the
	institution.
b.	Identify the risks and negative impact this request could have on your
	department, division, and the institution.

3.

c.	Will this initiative require a contractual obligation? If so, what is the estimated
	contractual obligation amount and term?
d.	Provide a timeline for implementation.
e.	Define an exit strategy.
Provid	le any additional comments or information that can better clarify your st.

4.

Personnel Request

Position Title:	
1. Attach the position description and <u>completed Financial Summary Sheet.</u>	
Budget Impact	
a. Identify funds within your current budget available to be allocated to this position. (List specific account numbers and dollar amounts you plan to contribute to this request.)	
b. Estimate the revenue projection (if any) the new position will provide for the first budget year and beyond.	
3. Justification	
a. Describe the anticipated benefits this position will provide to the department and the institution.	
b. Identify the risks and negative impact this request could have on your department, division, and the institution.	

c. Provide a timeline for implementation.	
d. Define an exit strategy.	
4. Provide any additional comments or information that carrequest.	n better clarify your
*If you have questions or need any help navigating the pe contact the HR Director, Rich McRae rmcrae@sbt	ersonnel process, please cs.edu or x 4721.