

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	\$
Capital Expense		
	assume \$2000 per desk, \$500 per chair	
	echnology - assume \$600/computer, \$200/phone	
_	ons - contact Operations for cost estimates	
Equipment	- r	
	Total Capital Expense	\$

Operating Request

Initiative Title:	
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- 1. Describe the new initiative.
- 2. Budget Impact
 - a. Estimate the total cost of the new initiative for the first budget year. (*Please provide detail of your calculations.*) 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.

3. Justification

- 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.
- 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.
- 4. Provide any additional comments or information that can better clarify your request.

Personnel Request

Position Title:	
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- 1. Attach the position description and completed Financial Summary Sheet.
- 2. 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 can better clarify your request.

*If you have questions or need any help navigating the personnel process, please contact the HR Director, Rich McRae rmcrae@sbts.edu or x 4721.