**CENTER/INSTITUTE FIVE-YEAR PERFORMANCE REVIEW REPORT – June 30, 20XX**

(Please do not make changes in the template, you may leave a field empty if not applicable. Note that you can expand the cells if needed. Right click on the box and expand vertically.)

NAME OF THE CENTER:

CENTER LOCATION (Building, Room Number and square feet):

DATE OF LAST FIVE-YEAR REVIEW CONDUCTED:

MISSION OF THE CENTER:

CENTER GOALS (Describe the original goals and objectives, including the financial goals, if they goals changed, when explain, recent outreach and website address):

CONTACT INFORMATION FOR THE DIRECTOR (Attach an organizational chart to the report):

Name:

Telephone:

Email Address:

Campus Address:

ADVISORY COUNCIL IF IT EXISTS, WHO ARE THE MEMBERS, NAMES AND AFFILIATION:

|  |  |
| --- | --- |
| MEMBER NAME | AFFILIATION |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| DESCRIBE THE ROLE OF THE ADVISORY COUNCIL. ARE THERE PLANS TO CHANGE THE ROLE AND FUNCTION AND WHY?(1-2 sentences): |

FACULTY MEMBERS ENGAGED IN CENTER ACTIVITIES INCLUDING THOSE ENGAGED IN INTER- AND MULTIDISCIPLINARY RESEARCH/PROGRAMS/ACTIVITIES AND THEIR AFFILIATION:

|  |  |  |
| --- | --- | --- |
| NAME | DEPARTMENT/COLLEGE AFFILIATION | ROLE |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| DESCRIBE THE ROLE OF THE STUDENTS (1-2 sentences): |

LIST OF ACTIVITIES DURING THE PAST FIVE YEAR (Title and focus of the activity and year):

1.
2.
3.

BRIEF OVERVIEW OF THE MAJOR RESEARCH/SERVICE/EDUCATIONAL PROJECTS **COMPLETED** **(NO MORE THAN 100 WORDS**)

Year 1:

Year 2:

Year 3:

Year 4:

Year 5:

BRIEF OVERVIEW OF THE RESEARCH/SERVICE/EDUCATIONAL PROJECTS FOR **NEXT FIVE YEAR** **(NO MORE THAN 100 WORDS**)

Year 1:

Year 2:

Year 3:

Year 4:

Year 5:

LIST OF GRANT PROPOSALS **SUBMITTED/FUNDING STATUS** TO SUPPORT THE CENTER ACTIVITIES **DURING THE LAST FIVE YEARS**:

|  |  |
| --- | --- |
| Name of PI:  | Funding Agency: |
| Funding Amount Requested:  | Title of Project:  |
| Date Submitted:  |
| Funding Status: Funded: Yes\_\_\_ Date Funded: \_\_\_\_ Amount of Funding: $XXX,XXX No \_\_\_ Pending Decision \_\_\_\_\_ |
| Name of PI:  | Funding Agency: |
| Funding Amount Requested:  | Title of Project:  |
| Date Submitted:  |
| Funding Status: Funded: Yes\_\_\_ Date Funded: \_\_\_\_ Amount of Funding: $XXX,XXX No \_\_\_ Pending Decision \_\_\_\_\_ |
| Name of PI:  | Funding Agency: |
| Funding Amount Requested:  | Title of Project:  |
| Date Submitted:  |
| Funding Status: Funded: Yes\_\_\_ Date Funded: \_\_\_\_ Amount of Funding: $XXX,XXX No \_\_\_ Pending Decision \_\_\_\_\_ |
| Name of PI: | Funding Agency: |
| Funding Amount Requested: | Title of Project: |
| Date Submitted: |
| Funding Status: Funded: Yes\_\_\_ Date Funded: \_\_\_\_ Amount of Funding: $XXX,XXX No \_\_\_ Pending Decision \_\_\_\_\_ |
| Name of PI: | Funding Agency: |
| Funding Amount Requested: | Title of Project: |
| Date Submitted: |
| Funding Status: Funded: Yes\_\_\_ Date Funded: \_\_\_\_ Amount of Funding: $XXX,XXX No \_\_\_ Pending Decision \_\_\_\_\_ |

MAJOR PROPOSALS **PLANNED FOR DEVELOPMENT FOR THE NEXT FIVE YEARS**, FUNDING AGENCIES TARGETED, ESTIMATED DOLLAR REQUEST AND THE SUBMISSION DEADLINE:

|  |  |
| --- | --- |
| Name of PI:  | Funding Agency: |
| Funding Amount to be Requested:  | Title of Project:  |
| Target Submission Date:  |
| Name of PI:  | Funding Agency: |
| Funding Amount to be Requested:  | Title of Project:  |
| Target Submission Date:  |
| Name of PI:  | Funding Agency: |
| Funding Amount to be Requested:  | Title of Project:  |
| Target Submission Date:  |
| Name of PI: | Funding Agency: |
| Funding Amount to be Requested:  | Title of Project: |
| Target Submission Date:  |
| Name of PI: | Funding Agency: |
| Funding Amount to be Requested:  | Title of Project: |
| Target Submission Date:  |
| Name of PI: | Funding Agency: |
| Funding Amount to be Requested:  | Title of Project: |
| Target Submission Date:  |

LIST OF PUBLICATIONS CONSISTENT WITH THE MISSION OF THE CENTER BY FACULTY ENGAGED AT THE CENTER DURING FIVE YEAR. AUTHOR(S), TITLE, PUBLICATION, YEARS ETC.

1.
2.
3.
4.

LIST OF PRESENTATIONS AT NATIONAL CONFERENCES CONSISTENT WITH THE MISSION OF THE CENTER DURING PAST FIVE YEARS

1.
2.
3.
4.

THREE GOALS AND DIRECTIONS FOR THE FOLLOWING FIVE YEARS. HOW WILL IT BE ALIGNED WITH THE UNIVERSITY STRATAGIC PLAN AND IMPACT STUDENT SUCCESS (**NO MORE THAN 200 WORDS**):

**ANNUAL CENTER FINANCIAL REPORT**

For the financial report for the past and the future five years, covering budgeted amounts (identify funding sources) and expenses related to activities and salary etc. if any, the revenue generated and the source(s) of funding, use the accompanying excel template. Please Quantify here the extent (percent of the original goals) to which the Center met its initial goals to meet financial needs.

Signature (Director): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Signature (Dean or the next level supervisor for units other than the college):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: