

# BUSINESS PROPOSAL

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## I. PROPOSAL INFORMATION

Proposal Date: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Proposal ID: \_\_\_\_\_

Valid Until: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

## II. CONTACT INFORMATION

### PREPARED BY:

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

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### PREPARED FOR:

Institution/Client Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### III. PROJECT CLASSIFICATION

**Sector:** Education

**Project Type (Select all that apply):**

- Curriculum Development     Educational Technology     Staff Training/Workshops  
 Facility Improvement     Student Services     Administrative Consulting  
 Research & Analysis     Partnership/JV     Other:
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### IV. EXECUTIVE SUMMARY

**Project Title:** \_\_\_\_\_

**Overview:**

The following summary outlines the proposed educational initiative, highlighting the core value proposition and expected impact on the institution or target demographic:

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## **V. OBJECTIVES AND GOALS**

### **Primary Objectives:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### **Target Audience (Students, Faculty, Admin, etc.):**

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## **VI. SCOPE OF SERVICES**

The following specific services, deliverables, or products will be provided:

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## **VII. IMPLEMENTATION TIMELINE**

| Phase | Activity / Milestone | Estimated Start Date | Estimated Completion Date |
|-------|----------------------|----------------------|---------------------------|
| 1     | _____                | _____                | _____                     |
| 2     | _____                | _____                | _____                     |
| 3     | _____                | _____                | _____                     |
| 4     | _____                | _____                | _____                     |

**VIII. FINANCIAL INVESTMENT**

**Cost Breakdown:**

| Description of Service / Item | Quantity / Hours | Rate  | Amount |
|-------------------------------|------------------|-------|--------|
| _____                         | _____            | _____ | _____  |
| _____                         | _____            | _____ | _____  |
| _____                         | _____            | _____ | _____  |
| _____                         | _____            | _____ | _____  |
| _____                         | _____            | _____ | _____  |
| <b>SUBTOTAL</b>               |                  |       | _____  |
| <b>TAX (If Applicable)</b>    |                  |       | _____  |
| <b>TOTAL PROJECT COST</b>     |                  |       | _____  |

**Payment Schedule:**

Upfront Payment    Milestone-based    Upon Completion    Net 30

**Payment Terms:**

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**Accepted Payment Methods:**

Check    Bank Transfer    Credit Card    Other:

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**IX. REQUIREMENTS AND RESOURCES**

**Client/Institution Responsibilities:**

To ensure project success, the Client agrees to provide the following resources or access:

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**X. APPROVAL**

By signing below, the parties acknowledge the proposal details outlined above. This document serves as a formal presentation of the project scope and financial estimates.

**PREPARED BY:**

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**ACCEPTED BY:**

Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_