

# Community Bridge Initiative: Scope of Work



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

Date: \_\_\_\_\_

USU Courses Represented:  
\_\_\_\_\_  
\_\_\_\_\_

USU Faculty Contacts (name, title, email, phone):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CBI Partner Contacts (name, title, email, phone):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Goals/Objectives:  
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\_\_\_\_\_  
\_\_\_\_\_  
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Timeline/Major Milestones or Tasks:  
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Final Deliverables:

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Partner Responsibilities:

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USU Responsibilities:

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Approved by (CBI Coordinator): \_\_\_\_\_

CBI Partner: \_\_\_\_\_

USU Faculty: \_\_\_\_\_