



Technology Fee Project Proposal Form for 2015-2016

Complete one form for each project then email it to: stf@famu.edu

FUNDING WILL BE USED TO ENHANCE THE UNIVERSITY'S TECHNOLOGY INFRASTRUCTURE AND INSTRUCTIONAL TEACHING RESOURCES FOR FACULTY AND STUDENTS

Project Information

1. **Project Title:** _____

Project Contact Information

Project Lead's Name:

Project Lead's Email:

Project Lead's Telephone:

Unit/Department:

Division:

Other Project Team Members

Type of Project (Check the one that most applies)

- Technological/Infrastructure (circle one) needs and services directly related to enhancing instruction and learning for students.
- Provide a stable technologically current network and computing environment for Students and Faculty.
- Instructional Technology, Media Center or Library for program application or services
- College or School (academic departments or unit), for enhancement of the education of students
- Other development that enhances student instruction and learning activities or student outcomes

2. Brief Description of Project: (1-5 points)



Technology Fee Project Proposal Form for 2015-2016

Complete one form for each project then email it to: stf@famu.edu

3. Project Goals and Objectives: (1-20 points)

4. Demonstrated Need: (1-10 points)

5. Impact on Students served or evidence of student seed, starting with the number or percentage of Students or course(s) served: (1-5 points)



Technology Fee Project Proposal Form for 2015-2016

Complete one form for each project then email it to: stf@famu.edu

6. Expected Impact on Student Learning (1-5 points)

7. Methodology of Measuring Impact on Student Learning? (1-20 points)

8. Describe 3 Success Indicators (1-5 points)



Technology Fee Project Proposal Form for 2015-2016

Complete one form for each project then email it to: stf@fam.u.edu

9. Describe Strategic Plans to sustain the Project for the following year and beyond: (1-15 points)

10. Describe how this project aligns with the University Strategic Plan and/or Work Plan: (1-10 points)

11. What happens to the project in year 2 and beyond? Describe any ongoing costs such as software or hardware maintenance, supplies, staffing, etc. and how these will be funded?



Technology Fee Project Proposal Form for 2015-2016

Complete one form for each project then email it to: stf@famu.edu

12. Briefly describe any additional funds available for this project:

13. How will you assess the project?

14. Attach any other supporting information regarding this request including a detailed vendor quote. Also, please supply a vendor's URL, if applicable.



Technology Fee Project Proposal Form for 2015-2016

Complete one form for each project then email it to: stf@famu.edu

15. Detailed Budget – Include all items requested for this project and update the total cost field:

Item Category	Item Requested	Number Requested	Unit Cost	Total Cost
	<i>Item 1 - Include Product Name & Vendor</i>			
	<i>Item 2 -</i>			
	<i>Item 3 -</i>			
	<i>Item 4 -</i>			
	<i>Item 5 -</i>			
	<i>Item 4 -</i>			
Student Assistant Salary	<i>Item 1 - Use with justification per guidelines</i>			
Other (Explain)	<i>Item 2 -</i>			
Graduate Assistant Salary & Tuition	<i>Item 1 - Use with justification per guidelines</i>			
Other (Explain)	<i>Item 1 -</i>			
Other (Explain)	<i>Item 2 -</i>			
TOTAL				

Add additional pages as necessary.



Technology Fee Project Proposal Form for 2015-2016

Complete one form for each project then email it to: stf@fam.u.edu

Project Approval Page

Signatures must be obtained for numbers 1 & 2 before submitting to STF Committee. Signatures for 3 & 4 will be obtained after the committee makes a decision as to whether your project is funded.

Project Name:

1: Dean/Director/Department Head

Printed Name _____

Signature _____

Date _____

Title _____

2: Provost/Vice President

Printed Name _____

Signature _____

Date _____

Title _____

3: Associate VP & CIO

Printed Name _____

Signature _____

Date _____

Title _____

4: President

Printed Name _____

Signature _____

Date _____

Title _____

For Student Technology Fee Committee Administrative Use Only

Approved: Overall Rating: _____ Reason: _____

No Action: Overall Rating: _____ Reason: _____

Denied: Overall Rating: _____ Reason: _____

Technology Fee Committee Chair:

Printed Name /Title _____

Signature/Date _____