



Colorado State University
Alternative Transportation Fee Advisory Board
2018-2019 Project Proposal Form



Project Name/Location: Rams Ride Right

Estimated Initial Cost: \$10,000.⁰⁰ Estimated Reoccurring Cost (if applicable): \$5,000.⁰⁰

Funding Request from ATFAB: \$5,000.⁰⁰ Matching Funds (if applicable): \$3000 (Kind Bar)

Please Attach the Full Budget: Include total cost, amount requested from ATFAB, breakdown of all expenses, funding from other sources, etc. Please be thorough and specific.

Submitting Unit:

Name: Joy Childress
Email Address: 750 Meridian Ave
College or Division: Operations

Telephone: (970) 491-7695
Department: CSU Police

Approvals (Signatures):

Provost/VP: _____ Signature/Date: _____

Department Head/Director * N/A - CBAC initiative

Name: _____ Signature/Date: _____

*Whoever oversees the areas affected by the proposed project. For example, if the proposal was to add covered bike parking near the LSC, you need to contact the Director/Department Head in charge of the LSC. Please contact ATFAB with any questions.

Facilities Management Approval of Estimated Budget/Schedule

Name: _____ Signature/Date: _____

Fill out and return proposal documents via email to ATFAB_CSU@colostate.edu and Aaron.Fodge@colostate.edu Deadline – Friday January 18, 2019

**If project involves infrastructure construction, CSU Facilities must review cost estimates and proposal schedule. Facilities Deadline – Friday December 14, 2019
Please email to David Hansen at David.Hansen@colostate.edu**

If accepted, you will be asked to give a 30-minute formal presentation to the ATFAB.