# Colorado State University

# Alternative Transportation Fee Advisory Board

# 2023-2024 Project Proposal Form

Fill out and return proposal documents via email to [ATFAB\_CSU@colostate.edu](mailto:ATFAB_CSU@colostate.edu) and [Aaron.Fodge@colostate.edu](mailto:Aaron.Fodge@colostate.edu). ***Deadline for final submissions — Friday, January 19, 2024***.

If the project involves infrastructure construction, ***CSU Facilities must review cost estimates and proposal schedule. Facilities Deadline — Friday, December 8, 2023.*** Please email to David Hansen at [David.Hansen@colostate.edu](mailto:David.Hansen@colostate.edu).

Note: If proposal is accepted for funding consideration, you will be asked to give a 30-minute formal presentation to ATFAB.

**Project Name/Location:** Click or tap here to enter text.

Estimated Initial Cost: Click or tap here to enter text.

Estimated Recurring Cost (if applicable): Click or tap here to enter text.

Funding Request form ATFAB: Click or tap here to enter text.

Matching Funds (if applicable): Click or tap here to enter text.

**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: Click or tap here to enter text. Telephone: Click or tap here to enter text.

Email Address: Click or tap here to enter text. Department: Click or tap here to enter text.

College or Division: Click or tap here to enter text.

Approvals (Signatures):

Provost/VP: Click or tap here to enter text.

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

Department Head/Director\*

Name: Click or tap here to enter text.

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

\*Whomever 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: Click or tap here to enter text.

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

**As an attached document, please answer the following:**

1. Please describe the project (limit description to 500 words or less).
2. Approximate timeline for the project (have you contacted Facilities for a bid and proposed schedule, if applicable?).
3. Describe how users will be supported by the project (limit to 250 words or less).
4. Describe the benefits to students in accordance with ATFAB By-Laws (see Article VII Funding Rules on the Website: <https://atfab.colostate.edu/atfab-bylaws/>).
5. Please provide any evidence that there is student support for the proposal (i.e. petitioning, letters of support, requests for proposal by students, ASCSU resolutions, college council approvals, etc.). It is highly recommended that proposers reach out to students; the level of student support for your proposal will likely affect the board’s decision to fund it.
6. Is your project mentioned in any of the CSU Campus Master Plan documents? Have any campus advisory committee discussed this project? It is recommended that you consult an applicable planning or advisory committee for letters of support and advice regarding your proposal. Please attach any documents if applicable.
7. Please include anything else you would like to communicate about your project.