**Colorado State University**

# Alternative **Transportation** **Fee Advis**ory Board

## 2024-2025 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 24, 2025***.

If the project involves infrastructure construction, ***CSU Facilities must review cost estimates and proposal schedule. Facilities Deadline — Friday, December 6, 2024.*** Please email to Gargi Duttgupta at [gargi.duttgupta@colostate.edu](mailto:gargi.duttgupta@colostate.edu).

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

### **Project Overview**:

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

Estimated Initial Cost: Click or tap here to enter estimated initial cost.

Estimated Recurring Cost (if applicable): Click or tap here to enter estimated recurring cost.

Funding Request from ATFAB: Click or tap here to enter funding request from ATFAB.

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

**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 Un**it:

Name: Click or tap here to enter applicant’s name.

Telephone: Click or tap here to enter applicant’s phone number.

Email Address: Click or tap here to enter applicant’s email address.

Department: Click or tap here to enter applicant’s department.

College or Division: Click or tap here to enter applicant’s college or division.

### Approvals (Signatures):

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

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

Department Head/Director\*

Name: Click or tap here to enter Department Head/Director Name.

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 (If Applicable)

Name: Click or tap here to enter FM Reviewer’s Name.

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

### Full Project Description:

**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.