**Student Technology Fee Committee**Office of Academic Affairs
University of New Orleans

**STF Funding Proposal Form (One-Year Only)**2022-23 Academic Year

**The Student Technology Fee Committee is soliciting proposals, which will enhance or improve campus technology for student learning and success. The committee will review proposals in the early spring, with recommendations and awards following shortly thereafter.**

**If you or your unit are interested in applying for funding, please respond to the following request for consideration. Fill out the form to the best of your ability but for any items that you cannot or do not know how to respond, please answer N/A. Student Organizations, Colleges, and Administrative units may apply.**

**Completed proposals should be submitted to the STF Committee (c/o Helen Choi, Information Technology at** **stfcommittee@uno.edu** **) by no later than November 11, 2022.**

**Proposed Purchases and Proposed Facility Location:**

Please specify the equipment, software or services that will be purchased using this funding and indicate where the equipment will be housed.

**Justification:**

Explain why this equipment, software, or service is needed.

**Note to college deans or supervisors of units:** Please rank this proposal in terms of importance relative to other proposals coming from the Organization/College/Admin unit, i.e. this proposal is number 1 (number 1, 2, 3 . . . ) out of 1 proposals.

Justification (limited to no more than 250 words):

**Summary of expenditures (indicate if requesting multi-year support):**

Please provide a detailed list of expenditures in the table below. The Committee will review all proposals regardless of amount; however, there is only a limited amount of funding available. Please insert in the comments any additional information that you wish to include about the proposed items. Please attach vendor quotes for all necessary costs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Quan.** | **Vendor** | **Estimated Unit Cost** | **Estimated Total Cost** | **Comments** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

If your unit is proposing a cash match (and **only cash** at this point), please indicate how much:       Please provide any necessary additional information about the match here:

**Currently existing space, equipment and staff to maintain this project (<100 words):**

**Projected time line for implementation (<100 words):**

**Number of students affected by this purchase:**

Unit Head Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_