

**Project Information Form
Technology Access Fee Request FY20**

All requests for these funds must be for instructional technology which will directly benefit students, generally classroom or lab-based resources. Please provide the following information so the Information Technology Committee can evaluate and prioritize the requests fairly; use additional paper wherever necessary. **To ensure prompt committee review, please return to Gloria Dixon no later than Friday, June 7, 2019.** Special notes:

- Please secure all required approvals including the Division Vice President (if necessary) and Physical Plant *before* submitting the form to the **IT Committee**.
- Please advise Division Vice President regarding any non-IT requirements such as new furniture.
- Requests for software and hardware must be reviewed by the **Deputy Chief Information Officer(s)**.
- All TAF expenditures are subject to review by the Internal Auditor for compliance with TBR TAF guidelines.
- All funded TAF projects are subject to IT Committee review to ensure use of resources in accordance with the original request.
- The IT Committee will require a one year follow-up report or presentation describing the benefits of receiving the TAF funds (How did your department and/or students benefit?)
- Requests for TAF funds generally exceed available resources. Missing information or incomplete forms may negatively affect your request. Please provide as much detail as possible.
- All reoccurring costs for software renewals or support will have to be resubmitted for funding.

General Information

1. Project Name: _____ If submitting multiple projects, what is the priority of this project? _____

2. Project Coordinator: _____

Note: The Project Coordinator will be responsible for initiating the necessary Purchase Requisition and for helping coordinate any support necessary from the requesting department.

3. Requesting Department: _____

Requesting Division: _____

Project Information

4. Please describe the requested resources; if there are any special requirements for the hardware or software please identify.

5. Please enter estimated cost: _____ Are there any reoccurring annuals costs? If so, how much? _____

6. Please give a narrative description of how you plan to use each item on your request list; identify specific course numbers wherever possible (use additional space as necessary).

7. How many faculty would have access to these resources? _____

8. Would other departments have access to these resources? If yes, please identify.

9. Please document the number of students who would benefit from these resources over an academic year: _____

10. What metrics do you plan to use to measure student success if funds are approved for your project?

11. What problem areas would the requested resources address in your area?

12. Does this request address an accreditation (SACS or other) requirement? If yes, please provide documentation of this requirement.

13. Is anyone in your area trained in the use of this equipment/software? (Please list each piece of equipment and software requested and indicate yes/no, and provide name if yes.)

14. If the answer to the above question is no, please indicate how you intend to provide training for the equipment/software which you are requesting:

15. If you were only funded partially for your requests, which items are of the highest priority?

16. In what program or initiative will these resources be used? How does this project support all or any of the following?

- *Mission of the College
- *Institutional Effectiveness
- *Performance funding
- *Strategic Plan
- *Quality Enhancement Plan (QEP), if applicable

17. Are the goals or initiatives of this project included in your Institutional Effectiveness Plan for this budget year?

- *Add link here to the strategic plan

Site Information

18. Where would this equipment be primarily used (campus, building, room)?

19. What is the impact on Physical Plant, e.g., will room renovation/remodeling or electrical power be required? Please identify expected modifications and affected room number(s).

20. Where would these resources be secured when not in use? (security is a major concern for new purchases)

21. Is new classroom furniture needed in conjunction with this request? If yes, please describe. Also, please discuss furniture requirement with Division Dean.

Reviews

Project Coordinator _____ Date: _____

Department Chair _____ Date: _____

Dean or Executive Director _____ Date: _____
(Requirements for Physical Plant, furniture, and other non-IT resources have been identified.)

Division Vice President _____ Date: _____

Physical Plant (if required) _____ Date: _____

Deputy Chief Information Officer _____ Date: _____

Chief Information Officer (if required) _____ Date: _____

Information Technology Committee _____ Date: _____