

**Project Information Form  
Technology Access Fee Request FY15**

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 the second Friday in May.** Special notes:

- Please secure all required approvals including the Division Dean and (if necessary) Physical Plant *before* submitting the form to the IT Committee.
- Please advise Division Dean regarding any non-IT requirements such as new furniture.
- Requests for software must be reviewed by the Director of Project Management & Information Technology Services, Joshua Conway.
- All TAF expenditures are subject to review by the Internal Auditor for compliance with TBR TAF guidelines.
- All funded TAF projects are subject to ITS Committee review to ensure use of resources in accordance with the original request.
- The ITS 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.

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**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.)

Physical Plant (if required) \_\_\_\_\_ Date: \_\_\_\_\_

I.T.S. Resources Manager (if required) \_\_\_\_\_ Date: \_\_\_\_\_

Information Technology Committee \_\_\_\_\_ Date: \_\_\_\_\_