**Academic Computing Committee (ACC) Funding Proposal Template**

This template shall be used to submit funding proposals to the Academic Computing Committee.

As a reminder, the purpose of the program is to replace or upgrade computers and peripherals in existing open computer labs. Open computer labs are defined as spaces in which all students, faculty, and staff have access to the equipment provided in the labs; regardless of major, focus, or discipline. A small percentage of the allocated funding may be used to fund proposals which are limited to specific disciplines or majors.

The program does not fund the creation of new lab spaces or the expansion of existing lab spaces.

S[ubmission procedures can be found on our website.](https://doit.txst.edu/acc)

Submission Deadline: **5:00 p.m., January 27, 2023**

This form may be printed for signature purposes. The final application shall be submitted electronically in one PDF document, in the order presented in this document, and each section shall be complete. Failure to follow these instructions will result in your application being rejected.

**Pre-Proposal Meeting with ACC Representative and ITAC**

The signatures below attest I have met with my college’s ACC representative and ITAC before beginning work on my submission. My college’s representative agrees with the scope, purpose, and my submission’s eligibility for ACC funding. Further, I have met with ITAC and discussed the proposed equipment is compatible with university systems and specifications. The equipment will be serviceable and includes an acceptable service plan or warranty.

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Proposer Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
ACC Representative Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
ITAC ACC Representative Signature Date

**ACC Application for Funding**

Proposal Title:

Principle Proposer:  
 Name:  
 Title:  
 Division:  
 Department:  
 Texas State Email:  
  
I certify that I am committed to implementing the proposed project.

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

Secondary Proposer:  
 Name:  
 Title:  
 Division:  
 Department:  
 Texas State Email:  
  
I certify that I am committed to implementing the proposed project.

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

Department Chair or Unit Administrator:  
 Name:  
 Title:  
 Division:  
 Department:  
 Texas State Email:  
  
I certify that I have read the proposal, agree to its objectives, and agree to department funding commitments as documented in this proposal.

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

Proposal Title:

Computer Lab Type (select only one):

\_\_\_\_ This computer lab is open all students, faculty, and staff regardless of major, focus, or discipline.

\_\_\_\_ This computer lab is only open to students, faculty, and staff of a particular major or focus.

Name and location of computer lab:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Computer lab Hours of Operation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of computers to be replaced:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of computers to be replaced:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Number of peripherals to be replaced:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Age of peripherals to be replaced:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percent of funding from other sources (items must be ACC qualified and reflected in budget section):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of courses affected per year:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of sections affected per year:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of students affected per year:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposal Narrative (one page)**

a. Statement of Need

b. Justification for Requested Student Computing Resources

c. Identification of Other Resources to be Funded by the Department

d. Student Benefits

e. Security

f. Identification of items and services which will not be funded by ACC means but will be required to implement the project successfully. Items which require additional funding should be included in the appropriate budget section. Do not include staff salary information.

g. Future Expenses

**Equipment to be Surrendered Identification**

Any equipment which is to be replaced using ACC funds will be surrendered to the Division of Information Technology for either redistribution, inclusion in the ITAC surplus program, or dispatch to Materials Management for further processing. ACC does not fund expansion of existing computing labs and the same number of computers requested in the proposal must be surrendered to ITAC.

Identification of Equipment to be replaced. Insert additional rows as needed.

Lab Location (building and room number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quantity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Model | Asset Tag Number | Serial Number |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

If you plan to reuse old equipment within your department, describe how the equipment will be used. This is subject to approval from the Special Assistant to the Vice President for Information Technology.

Identification of Equipment to be surrendered. Insert additional rows as needed.

|  |  |  |
| --- | --- | --- |
| Model | Asset Tag Number | Serial Number |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |

**Proposal Budget**

Title:

Proposer:

Use the following table to identify items to be purchased through ACC funds. Insert additional rows as needed.

|  |  |  |
| --- | --- | --- |
| Item to be purchased | Quantity | Price per item |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Total ACC Funds Request: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use the following table to identify items to be purchased with departmental funds. Insert additional rows as needed.

|  |  |  |
| --- | --- | --- |
| Item to be purchased | Quantity | Price per item |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Total Commitment of Additional Support: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Include approved vendor quote in your completed submission packet.**

**Statement of Support from Department Chair or Unit Administrator**

One-page written statement of support, including the merits of the proposal and commitment to department funding.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair/Administrator Signature Date

**Statement of Support and Ranking from College Dean**

One-page written statement of support, including the merits of the proposal and ranking of proposal IF multiple applications per college are submitted. **The Dean’s support statement shall be emailed to Whitten Smart, Special Assistant to the Vice President for Information Technology, at** [**ws15@txstate.edu**](mailto:ws15@txstate.edu) **and will not be included in this submission packet**. Support statements must be received by 5:00 p.m. January 27, 2023

**Assessment Criteria**

Proposals will be Assessed by ACC Representatives Using the Following Criteria:

* Justification (25 points)
* Anticipated Impact (25 points)
* Cost Commitment from Administrators (25 points)
* Age of Equipment (15 points)
* Dean’s Rating (10 points)

**Pre-Submission Meeting with ACC Representative**

The signatures below attest that I have met with my college’s ACC representative prior to submitting my application. My college’s representative has evaluated my application to ensure all application components are complete, and all questions they may have about my proposal have been adequately answered.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
Proposer Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
ITAC ACC Representative Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
ACC Representative Signature Date