**Proposal Requesting Student Computing Resources**

**Fiscal Year 2022**

*Proposal Title*:

*Principal Proposer*:

 Name:

 Title:

 Campus Address:

 TXSTATE email: Division/Organization:

 *I certify that I am committed to implementing the proposed project and filing an assessment report.*

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

 Signature Date

*Second Proposer*:

 Name:

 Title:

 Campus Address:

 TXSTATE email: College/Division/Organization:

 *I certify that I am committed to implementing the proposed project and filing an assessment report.*

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

 Signature Date

*ACC College Rep:*

 Name:

 Title:

 Campus Address:

 TXSTATE email: College/Division/Organization:

 *I certify that I have read the attached proposed project, and agree to its objectives and commitments.*

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

*Department Chair or Unit Administrator*:

 Name:

 Title:

 Campus Address:

 TXSTATE email: College/Division/Organization:

 *I certify that I have read the attached proposed project, and agree to its objectives and commitments.*

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

 Signature Date

*Dean or Division Manager*:

 Name:

 Title:

 Campus Address:

 TXSTATE email: College/Division/Organization:

 *I certify that I have read the attached proposed project, and agree to its objectives and commitments.*

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

 Signature Date

 Signature obtained when proposal copies are submitted to Dean’s office and ACC Rep.

**ATTESTATION. By my signature below, I certify that, to the best of my knowledge, the computing resources requested are not a duplication of existing student computing resources in the department or organization.**

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

*Principal Proposer* *Dean or Division Manager*

**Assessment of the Dean or Division Manager**

This page should be submitted (still blank) to the Dean or Division Manager along with the signature page and a copy of the proposal. Submit the assessment to Whitten Smart, Special Assistant to the Vice President for Information Technology (ws15@txstate.edu) by **5 pm March 11, 2022.**

Deans and Division Managers: **Please comment on the merit of proposals submitted by your College or Division.** **How well does this proposal address the College/Division strategic plan and goals?**

*Proposal Title*:

**Plan for Use of Replaced Equipment**

Any equipment that is replaced -- using ACC-approved funds -- will become the responsibility of the Office of Instructional Technologies Support. If the department or unit wants to retain control of the replaced equipment, then it must get approval from Whitten Smart, Special Assistant to the Vice President for Instructional Technology (ws15@txstate.edu). Failure to do so will result in any future requests from the department or unit being ineligible to receive ACC funds.

**List all equipment to be replaced, providing a description and university asset tag number for each item.** If the department or unit wants to retain control of the replaced equipment, then please state below the intended use. Otherwise, the replaced equipment will be transferred to another department or unit at the discretion of the Vice President for Instructional Technology.

|  |  |
| --- | --- |
| Old Equipment | Proposed Reassigned Use |
| Lab Location (Bldg & Room #)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Quantity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Model:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CPU:\_\_\_\_\_\_\_RAM:\_\_\_\_\_\_\_\_\_\_\_\_ HDD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Monitor, if applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Texas State University asset tag number:

|  |  |
| --- | --- |
|  |  |

 | Identify by Texas State University asset tag number the items you would like to reassign and describe how the items would be used.  |

*Proposal Title*:

**Support Documentation**

Describe items and services that will not be funded through the Academic Computing Committee, but will nevertheless be required to implement the project successfully. For each item (e.g., ***new*** equipment, furniture, etc.), identify the funding source that will be used. Items that require additional funding should also be included in the appropriate section of your budget page. **Please do NOT include staff salary information.**

*Proposal Title*:

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

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

 Signature Date

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

 Department/College/Organization Title/Position

*Proposal Title*:

**Proposal Narrative**

**a. Statement of Need**

**b. Justification for Requested Student Computing Resources**

 .

**c. Identification of Other Resources**

**d. Student Benefits**

**e. Assessment Plan**

**f. Project Calendar**

**g. Security**

**h. Future Expenses**

*College: Proposer’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Proposal Title*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposal Summary:**

Proposal Type (select only one): \_\_\_\_ Replace \_\_\_\_New

Name & location of the university approved lab: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of old computers to replace, (leave blank if new item proposal) \_\_\_\_\_\_

Age of old computers to be replaced, (leave blank if new item proposal) \_\_\_\_\_\_

Number of old peripherals to replace, (leave blank if new item proposal) \_\_\_\_\_\_

Age of old peripherals to be replaced, (leave blank if new item proposal) \_\_\_\_\_\_

Describe the old peripheral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of new computers to add, (leave blank if replace item proposal) \_\_\_\_\_\_

Number of new peripherals to add, (leave blank if replace item proposal) \_\_\_\_\_\_

Describe the new peripheral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percent of funding from other sources (items must be ACC qualified) \_\_\_\_%

 (refer to Excel spreadsheet)

Number of courses and sections affected per year \_\_\_\_\_\_

**Number of students affected per year \_\_\_\_\_\_**

 **(provide evidence of usage)**

 ---------------------------------------------------------------------------------------------------------------

ACC worksheet for ACC members

NOTES:

*Relevance (0 to 20). \_\_\_\_\_\_\_\_*

A*nticipated impact* *(0 to 20). \_\_\_\_\_\_\_\_*

*Perceived benefit (0 to 20). \_\_\_\_\_\_\_\_*

*Appropriateness of the requested resources (0 to 25). \_\_\_\_\_\_\_\_*

*Cost commitment from administrators (0 to 15). \_\_\_\_\_\_\_\_*

 *=============*

 *Total Score: \_\_\_\_\_\_\_\_\_*