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| **GSMRF Project #:** |  |
| **Date Received:** |  |

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**The Green St. Mary’s Revolving Fund (GSMRF) Project Proposal**

**Please leave sections IV blank until after the application is received by the GSMRF Oversight Board.**

**Completed Forms To:**

Kaitlin Aaby ‘18 Mary Grube

Sustainability Fellow Assistant Project Manager/Fiscal Admin

[sustainability@smcm.edu](mailto:sustainability@smcm.edu) [mkgrube@smcm.edu](mailto:mkgrube@smcm.edu)

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| 1. **Administration** | | |
| 1. **Project Sponsor** | 1. **Email Address** | 1. **Extension/ Cell Phone #** |
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| 1. **Project Advisor** | 1. **Email Address** | 1. **Extension/ Cell Phone #** |
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| 1. **Project Description** |
| 1. **Project Title** |
|  |
| 1. **Project Location** |
|  |
| 1. **Scope of Project**   *Describe the project in detail. Please also include information on the following:*   1. Environmental issues addressed 2. Operational and/or behavioral changes promoted 3. If there is a precedent for this type of project on campus 4. Possible effects of project on college operations |
|  |
| 1. Planning and Implementation |
| *Please provide specific project details:*   1. Names and positions of individuals involved in planning process. 2. Actions that will lead to the accomplishments of your goal(s). 3. Tools that will measure and verify achievement of goal(s). |
|  |
| 1. Environmental Impact Reductions |
| *Describe the project's anticipated environmental impact reductions (both on and off campus), including yearly utility reductions if applicable.* |
|  |
| 1. Financing |
| *Please state the amount of funding you are requesting and list any matching funds or in-kind support. You can include a detailed breakdown of costs on a separate page if necessary.* |
|  |
| 1. Anticipated Return on Investment and Payback Strategy |
| *Please explain the payback strategy and timeframe for your project’s implementation.* |
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| --- | --- | --- | --- |
| 1. **Funding and Accounting** | | | |
| 1. **Project**   **Loan Scheduling** | **Anticipated Start Date** | **Anticipated Completion Date** | **Project Payback Period** |
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| 1. **Project Finances** | **Project funds from GSMRF** | |  | | | Is this project eligible for a rebate?   * Yes * No   If yes, please specify: | |
| **Other project funds** | |  | | |
| **Total Budget for project:** | |  | | |
| **Account #:** | **Organization or Contractor** | **Point of Contact** | | **Federal Tax ID#** | **Activity** | | **Total** |
| 1. Account Loan **Paid To:** |  |  | |  |  | |  |
| 1. Account Loan **Paid To:** |  |  | |  |  | |  |

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| 1. **Approvals** | | | | |
| 1. Project Sponsor | Date: | 1. Project Overseer | Date: | |
|  |  |  |  | |
| 1. GSMRF Chair | Date: | 1. Sustainability Fellow | Date: |
|  |  |  |  |

**\*Printed copies of this document will be housed in the SGA Executive Board Office and the Office of Planning and Facilities.**