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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 mkgrube@smcm.edu

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| 1. **Administration**
 |
| 1. **Project Sponsor**
 | 1. **Email Address**
 | 1. **Extension/ Cell Phone #**
 |
|  |   |  |
| 1. **Project Advisor**
 | 1. **Email Address**
 | 1. **Extension/ Cell Phone #**
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| 1. **Project Description**
 |
| 1. **Project Title**
 |
|  |
| 1. **Project Location**
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| 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** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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.**