Hostos Community College, CUNY
Student Technology Fee AY 2020-2021 Project Proposal
Requesting Area: [Office/Department]

## Project 1: [Project Name]

## Priority: [Choose Level]

## Total Requested For Project: $ [0]

# Overview

### Description:

|  |
| --- |
| *Describe the purpose and scope of the project*. |

### Benefit to Students:

|  |
| --- |
| Explain how this project can benefit the student body at Hostos. |

**Proposed by:** *(select all that apply)* [ ]  Students [ ]  Faculty [ ]  Staff

**Expenditure Category:** [Choose Category]

**This project is:** [New/Continuing]

**Timeline:**

Expected state date: *Enter start date (Month, Year)*

Expected completion date: *Enter start date (Month, Year)*

Timeline Details:

|  |
| --- |
| *Please provide a summary of the costs associated with the project. As appropriate, this should include more specific details or the approach to be used to achieve the funded initiative.* |

# FUNDING

### Total Requested For Project: $ [0]

### Description/Justification of Expenses:

|  |
| --- |
| *Please provide a summary of the costs associated with the project. As appropriate, this should include more specific details or the approach to be used to achieve the funded initiative.* |

### Recurring Costs:

|  |
| --- |
| *Please describe, if applicable.* |

### OTPS Expenses

|  |  |  |  |
| --- | --- | --- | --- |
| Item Name | Qty | Per Unit Price | Cost |
| [ItemName] | [Qty] | [PerUnit] | [Cost] |
| **TOTAL OTPS:** | **$ 0.00** |

### PS Expenses (Part-Time Employees)

|  |  |  |  |
| --- | --- | --- | --- |
| Title/Position | No. of Hours | Rate | Pay |
| [ItemName] | [Qty] | [PerUnit] | [Cost] |
| *Part-Time Fringe Benefits (13%)* |  |
| **TOTAL PS:** | **$ 0.00** |

# Assessment

### Project Goals

|  |
| --- |
| *Please describe.* |

### How will the achievement of project goals be measured?

|  |
| --- |
| *Please describe.* |

### How does this project align with the 2017-2022 Strategic Plan?

|  |
| --- |
| *Please describe.* |

## Project 2: [Project Name]

## Priority: [Choose Level]

## Total Requested For Project: $ [0]

# Overview

### Description:

|  |
| --- |
| *Describe the purpose and scope of the project*. |

### Benefit to Students:

|  |
| --- |
| Explain how this project can benefit the student body at Hostos. |

**Proposed by:** *(select all that apply)* [ ]  Students [ ]  Faculty [ ]  Staff

**Expenditure Category:** [Choose Category]

**This project is:** [New/Continuing]

**Timeline:**

Expected state date: *Enter start date (Month, Year)*

Expected completion date: *Enter start date (Month, Year)*

Timeline Details:

|  |
| --- |
| *Please provide a summary of the costs associated with the project. As appropriate, this should include more specific details or the approach to be used to achieve the funded initiative.* |

# FUNDING

### Total Requested For Project: $ [0]

### Description/Justification of Expenses:

|  |
| --- |
| *Please provide a summary of the costs associated with the project. As appropriate, this should include more specific details or the approach to be used to achieve the funded initiative.* |

### Recurring Costs:

|  |
| --- |
| *Please describe, if applicable.* |

### OTPS Expenses

|  |  |  |  |
| --- | --- | --- | --- |
| Item Name | Qty | Per Unit Price | Cost |
| [ItemName] | [Qty] | [PerUnit] | [Cost] |
| **TOTAL OTPS:** | **$ 0.00** |

### PS Expenses (Part-Time Employees)

|  |  |  |  |
| --- | --- | --- | --- |
| Title/Position | No. of Hours | Rate | Pay |
| [ItemName] | [Qty] | [PerUnit] | [Cost] |
| *Part-Time Fringe Benefits (13%)* |  |
| **TOTAL PS:** | **$ 0.00** |

# Assessment

### Project Goals

|  |
| --- |
| *Please describe.* |

### How will the achievement of project goals be measured?

|  |
| --- |
| *Please describe.* |

### How does this project align with the 2017-2022 Strategic Plan?

|  |
| --- |
| *Please describe.* |

## Project 3: [Project Name]

## Priority: [Choose Level]

## Total Requested For Project: $ [0]

# Overview

### Description:

|  |
| --- |
| *Describe the purpose and scope of the project*. |

### Benefit to Students:

|  |
| --- |
| Explain how this project can benefit the student body at Hostos. |

**Proposed by:** *(select all that apply)* [ ]  Students [ ]  Faculty [ ]  Staff

**Expenditure Category:** [Choose Category]

**This project is:** [New/Continuing]

**Timeline:**

Expected state date: *Enter start date (Month, Year)*

Expected completion date: *Enter start date (Month, Year)*

Timeline Details:

|  |
| --- |
| *Please provide a summary of the costs associated with the project. As appropriate, this should include more specific details or the approach to be used to achieve the funded initiative.* |

# FUNDING

### Total Requested For Project: $ [0]

### Description/Justification of Expenses:

|  |
| --- |
| *Please provide a summary of the costs associated with the project. As appropriate, this should include more specific details or the approach to be used to achieve the funded initiative.* |

### Recurring Costs:

|  |
| --- |
| *Please describe, if applicable.* |

### OTPS Expenses

|  |  |  |  |
| --- | --- | --- | --- |
| Item Name | Qty | Per Unit Price | Cost |
| [ItemName] | [Qty] | [PerUnit] | [Cost] |
| **TOTAL OTPS:** | **$ 0.00** |

### PS Expenses (Part-Time Employees)

|  |  |  |  |
| --- | --- | --- | --- |
| Title/Position | No. of Hours | Rate | Pay |
| [ItemName] | [Qty] | [PerUnit] | [Cost] |
| *Part-Time Fringe Benefits (13%)* |  |
| **TOTAL PS:** | **$ 0.00** |

# Assessment

### Project Goals

|  |
| --- |
| *Please describe.* |

### How will the achievement of project goals be measured?

|  |
| --- |
| *Please describe.* |

### How does this project align with the 2017-2022 Strategic Plan?

|  |
| --- |
| *Please describe.* |

## Project 4: [Project Name]

## Priority: [Choose Level]

## Total Requested For Project: $ [0]

# Overview

### Description:

|  |
| --- |
| *Describe the purpose and scope of the project*. |

### Benefit to Students:

|  |
| --- |
| Explain how this project can benefit the student body at Hostos. |

**Proposed by:** *(select all that apply)* [ ]  Students [ ]  Faculty [ ]  Staff

**Expenditure Category:** [Choose Category]

**This project is:** [New/Continuing]

**Timeline:**

Expected state date: *Enter start date (Month, Year)*

Expected completion date: *Enter start date (Month, Year)*

Timeline Details:

|  |
| --- |
| *Please provide a summary of the costs associated with the project. As appropriate, this should include more specific details or the approach to be used to achieve the funded initiative.* |

# FUNDING

### Total Requested For Project: $ [0]

### Description/Justification of Expenses:

|  |
| --- |
| *Please provide a summary of the costs associated with the project. As appropriate, this should include more specific details or the approach to be used to achieve the funded initiative.* |

### Recurring Costs:

|  |
| --- |
| *Please describe, if applicable.* |

### OTPS Expenses

|  |  |  |  |
| --- | --- | --- | --- |
| Item Name | Qty | Per Unit Price | Cost |
| [ItemName] | [Qty] | [PerUnit] | [Cost] |
| **TOTAL OTPS:** | **$ 0.00** |

### PS Expenses (Part-Time Employees)

|  |  |  |  |
| --- | --- | --- | --- |
| Title/Position | No. of Hours | Rate | Pay |
| [ItemName] | [Qty] | [PerUnit] | [Cost] |
| *Part-Time Fringe Benefits (13%)* |  |
| **TOTAL PS:** | **$ 0.00** |

# Assessment

### Project Goals

|  |
| --- |
| *Please describe.* |

### How will the achievement of project goals be measured?

|  |
| --- |
| *Please describe.* |

### How does this project align with the 2017-2022 Strategic Plan?

|  |
| --- |
| *Please describe.* |

## Project 5: [Project Name]

## Priority: [Choose Level]

## Total Requested For Project: $ [0]

# Overview

### Description:

|  |
| --- |
| *Describe the purpose and scope of the project*. |

### Benefit to Students:

|  |
| --- |
| Explain how this project can benefit the student body at Hostos. |

**Proposed by:** *(select all that apply)* [ ]  Students [ ]  Faculty [ ]  Staff

**Expenditure Category:** [Choose Category]

**This project is:** [New/Continuing]

**Timeline:**

Expected state date: *Enter start date (Month, Year)*

Expected completion date: *Enter start date (Month, Year)*

Timeline Details:

|  |
| --- |
| *Please provide a summary of the costs associated with the project. As appropriate, this should include more specific details or the approach to be used to achieve the funded initiative.* |

# FUNDING

### Total Requested For Project: $ [0]

### Description/Justification of Expenses:

|  |
| --- |
| *Please provide a summary of the costs associated with the project. As appropriate, this should include more specific details or the approach to be used to achieve the funded initiative.* |

### Recurring Costs:

|  |
| --- |
| *Please describe, if applicable.* |

### OTPS Expenses

|  |  |  |  |
| --- | --- | --- | --- |
| Item Name | Qty | Per Unit Price | Cost |
| [ItemName] | [Qty] | [PerUnit] | [Cost] |
| **TOTAL OTPS:** | **$ 0.00** |

### PS Expenses (Part-Time Employees)

|  |  |  |  |
| --- | --- | --- | --- |
| Title/Position | No. of Hours | Rate | Pay |
| [ItemName] | [Qty] | [PerUnit] | [Cost] |
| *Part-Time Fringe Benefits (13%)* |  |
| **TOTAL PS:** | **$ 0.00** |

# Assessment

### Project Goals

|  |
| --- |
| *Please describe.* |

### How will the achievement of project goals be measured?

|  |
| --- |
| *Please describe.* |

### How does this project align with the 2017-2022 Strategic Plan?

|  |
| --- |
| *Please describe.* |