# Champlain College Green Community Fund Application Form

**Student/Campus Community Member Proposal**

To request Green Community Fund financing for projects that are not initiated by Physical Plant, please complete this form. Applicants are encouraged to establish financials, implementation details, and the project timeline as completely as possible on your own. However, you may consult with Physical Plant and the Committee for advice and assistance, if necessary. Only after project details have been clearly detailed and reviewed by the Committee will the proposal be voted on.

**Project Title:**

**Project Location:**

**Project Director**
Name:
Title:
Phone:
E-Mail:

**Secondary Contact**
Name:
Title:
Phone:
E-Mail:

**Describe your project:** How will the funding be used? How will it make Champlain more sustainable? How will it: engage the community, provide environmental education, and/or promote a culture of sustainability at Champlain?

**Tell us your plan:** Howand when will your project be implemented? Who will oversee the project and who else will be involved? What resources are needed to implement and complete this project?

**How will you measure your success?** Please provide an estimate of any cost savings, emissions reductions, or other qualitative or quantitative improvements. Will the benefits outweigh the costs of construction/implementation?

**Are there examples of similar projects at Champlain or elsewhere that have been successful?** Please provide details.

**Project Timeline and Budget:**

**Estimated Project Start Date:**

**Estimated Project Completion Date:**

**Total Estimated Project Cost:**

**Matching Funds or In-Kind Support:**

**Total Funding Request From GRF:**

**Anticipated Payback Period (if applicable):**

\* Please attach a schedule of proposed loan disbursement and repayment dates (if applicable).

Signature of Committee Chair:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

Signature of Project Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

Signature of Associated Department/Organization Head:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_