



**PROPOSAL FOR USE OF (STEP) STUDENT TECHNOLOGY ENHANCEMENT PROGRAM FEE AA.119A**

SCL Campus:  Lafourche  River Parishes  Young Memorial

**ALL INFORMATION REQUESTED MUST BE COMPLETED ON THE FRONT OF THIS ONE-PAGE FORM. HARD COPY REQUISITIONS MUST BE ATTACHED TO THE FORM FOR SUBMISSION TO PURCHASING BY THE STEP COMMITTEE IF THE PROPOSAL IS FUNDED.**

Department/Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_  
(street) (city/state) (zip code)

Name of Submitter: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

Proposed Purchases: (Specify if the proposal is a lease, rather than a purchase and give the terms of the lease)

Justification:

Summary of Expenditures: (Summarize purchases and costs. Provide TOTAL COST of project here. Attach hard copy requisitions giving model numbers, vendors, cost, etc.)

Currently Existing Space, Equipment, and Staff to support this project: (Requests for employees or technology-related maintenance need to be submitted individually rather than as part of a project. You MUST indicate which existing staff will supervise any new lab proposed OR a separate request for lab personnel must also be submitted for consideration.)

Projected Timeline for Implementation:

Human Resources Needed for Implementation, TECHNOLOGY RELATED Maintenance, Operation, Training, ETC.

Approvals: \_\_\_\_\_ Date: \_\_\_\_\_  
SGA Representative

\_\_\_\_\_ Date: \_\_\_\_\_  
Campus STEP Committee (Chairperson)

\_\_\_\_\_ Date: \_\_\_\_\_  
SCLTC Step Committee (Chairperson)

\_\_\_\_\_ Date: \_\_\_\_\_  
SCLTC Director