



MTSU Clean Energy Initiative Project Funding Request

There are five (5) sections of the request to complete before submitting. See http://www.mtsu.edu/~sga/cleanenergy.shtml for funding guidelines. Save completed form and email to cee@mtsu.edu or mail to MTSU Box 57.

1. General Information	
Name of Person Submitting Request Emerniece Cooper	
Department/Office	Phone # (Office)
Physician Assistant Studies	615-494-7790/615-494-7795
MTSU Box #55	Phone # (Cell)
33	615-987-7934
E-mailEmerniece.CooperGA@mtsu.edu	Submittal Date
julie.goodrich@mtsu.edu	09/29/2021

2. Project Categories (Select One)					
Select the category that best describes the project.					
	Energy Conservation/Efficiency	~	Sustainable Design		
	Alternative Fuels		Other		
	Renewable Energy				

3. Project Information

- a. Please provide a brief descriptive title for the project.
- b. The project cost estimate is the expected cost of the project to be considered by the committee for approval, which may differ from the total project cost in the case of matching funding opportunities. Any funding request is a 'not-to-exceed' amount. Any proposed expenditure above the requested amount will require a resubmission.
- c. List the source of project cost estimates.
- d. Provide a brief explanation in response to question regarding previous funding.

3a. Project Title

Water Refilling Station for CKNB (1) - 2nd Floor (Northside)

3b. Project Cost Estimate

\$3,600 00 - Purchase & Installation of one (1) station (remaining funds will be used for water filters on campus)

3c. Source of Estimate

Campus ourchases made previously through Linda Hardymon

3d. If previous funding from this source was awarded, explain how this request differs?

The addition of one new water refill station will be beneficial to faculty and students on the northside of CKNB.

4. Project Description

(Completed in as much detail as possible.)

- The scope of the work to be accomplished is a detailed description of project activities.
- b. The benefit statement describes the advantages of the project as relates to the selected project category.
- c. The location of the project includes the name of the building, department, and/or specific location of where the project will be conducted on campus.
- d. List any departments you anticipate to be involved. Were any departments consulted in preparation of this request? Who? A listing may be attached to this form when submitted.
- e. Provide specific information on anticipated student involvement or benefit.
- f. Provide information for anticipated future operating and/or maintenance requirements occurring as a result of the proposed project.
- g. Provide any additional comments or information that may be pertinent to approval of the project funding request.

4a. Scope: Work to be accomplished

This project requires the purchase of a new water refilling station, removal and disposal of the existing fountain, and installation of the new station. The water fountain to be replaced is on the 2nd floor of the CKNB (northside).

4b. Scope: Benefit Statement

The water refill station project is environmentally friendly. The addition of this station will continue to promote the benefits of reusable water bottles over single use plastic bottles. Also, this system promotes healthier hydration and is more sanitary due to the hands-free function. The hands-free function is essential during this period of covid-19. As oppose to using regular water fountains which retain most of their bacteria on the handles and sink of the fountain.

4. Project Description (continued)

4c. Location of Project (Building, etc.)

CKNB Building - Northside of 2nd floor near the bathrooms and Physician Assistant studies office.

4d. Participants and Roles

Linda Hardymon - Installation and purchase Coordinator Facilities services - install and maintain the stations Project Submitter - Emerniece Cooper

4e. Student participation and/or student benefit

On the 2nd floor of the CKNB, there are many classrooms and nursing labs for students. These students in these areas will have access to cool filtered drinking water. Currently, students must travel on the southside of the building to refill their water bottles. This could be a hindrance to students with mobile disabilities.

4f. Future Operating and/or Maintenance Requirements Filters will require replacement according to the indicator on the refilling station.

4g. Additional Comments or Information Pertinent to the Proposed Project

This project will promote the continuation of the effort to replace all existing water fountains on campus with water refilling stations. As well as consistency throughout the building (CKNB).

5. Project Performance Information				
Provide information if applicable.				
a. Provide information on estimated annual energy savings stated in units such as kW, kWh, Btu, gallons, etc.				
 Provide information on estimated annual energy cost savings in monetary terms. 				
c. Provide information on any annual operating or other cost savings in monetary terms. Be specific.				
 d. Provide information about any matching or supplementary funding opportunities that are available. Identify all sources and explain. 				
5a. Estimated Annual Energy Savings (Estimated in kW, kWh, Btu, etc.)				
N/A				
×				
5b. Annual Energy COST Savings (\$) N/A				
5c. Annual Operating or Other Cost Savings. Specify. (\$) N/A				

5d.Matching or Supplementary Funding (Identify and Explain)

N/A

