



Rollover Application Form

Date: _____

Project Title: _____

Originate Date of Project: _____

Academic Year Rolling Over To: From 2016-2017 to 2017-2018

Name of Primary Contact: _____

Contact Information of Primary Contact:

Address: _____

Phone: _____

E-Mail: _____

Location(s) where project will take place: _____

5. Please complete the following table to describe your project timeline from the new Academic Year forward. List milestones chronologically. For the “Timeframe” column, please estimate how long each task will take to be completed. (Insert additional rows if necessary.)

Task	Timeframe (# of wks to completion)	Estimated completion date

-----TGIF use only below this point-----

The Green Initiative Fund (TGIF) Grant Making Committee Decision Approval

Yes: ____ No: ____ Abstain: ____

Date: _____

Printed Name: _____ Signature: _____ Date: _____

ASUCI Administrative Affairs VP

Printed Name: _____ Signature: _____ Date: _____

TGIF Sustainability Commissioner