



**CONSTRUCTION
MANAGEMENT
COLORADO STATE UNIVERSITY**

APPLICATION

CM CARES PROJECT REQUEST

*For priority consideration, submit application by the last day of business in October.

MISSION STATEMENT

The CM CARES PROGRAM is a service-learning program sponsored by the Department of Construction Management. The goal of CM Cares is to infuse the traits of community service, leadership, team building, and ethics throughout the culture of the CM Program through CM-related community based service projects that allow students to apply classroom skills in real-world applications. All projects are construction related and must provide students the opportunity to apply class room knowledge to the project.

Please read through the enclosed materials and completely fill out the application packet. Once a packet is completed, return the material in its entirety to the address listed below. The **CM Cares** Program Committee will only consider complete applications. Applications will be reviewed in the **spring and may include a site visit to determine feasibility and project**. Selected projects will begin the planning process spring semester in January, and construction should be completed by December of that year.

Priority is given to projects that serve children and individuals in need of accessibility modifications as well as non-profit organizations that serve the greater community. Consideration is only given to those who do not have resources or funding to complete the project otherwise. In most cases, project applications must be able to answer yes to the following questions. Check for yes, leave blank for no.

- 1) Do you/organization completing this application own the property for the project requested? **YES or NO**
- 2) Have you exhausted all means and cannot find construction related assistance anywhere else? **YES or NO**
- 3) Are you available to collaborate with student teams during the entire 16 week semester beginning spring semester in January thru May? **YES or NO**
- 4) Is the project located in Larimer County or **within 15 miles** of the Colorado State University, Fort Collins campus? **YES or NO**

INSTRUCTIONS

- Please type or print in black ink; complete all sections and forms of the application. - Attach additional sheets where necessary.
- Include letters of support from medical providers or community case workers aware of your challenges where applicable.
- **Pictures of the proposed project area/site must be submitted.**
- Application can be scanned but original application must be sent to the address listed below.
- Please visit our Construction Management Website and click on CM Cares to see some of the past projects and videos. www.cm.chhs.colostate.edu



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For assistance, please call (970) 491-1060 – **Khristy Jesse, CM Cares Coordinator**
Please mail or e-mail completed application with supporting documents to:

Mail: Department of Construction Management, Colorado State University
Attention: Khristy Jesse or CM Cares
1584 Campus Delivery, Fort Collins, CO 80523

E-mail: khristy.jesse@colostate.edu

I. BASIC APPLICANT INFORMATION

Name of Person Completing Application: _____

Agency or Relationship to applicant: _____

Address of applicant: _____

City, State and Zip: _____

County of Residence: _____

Phone Number: Home _____ Work _____ Cell _____

Current email: _____

Best way to contact you? _____

II. WHERE DID YOU HEAR ABOUT CM CARES?

III. APPLICATION FOR CM CARES PROJECT

Why are you requesting a CM Cares project? Please provide detailed information about your current situation and needs.



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IV. PLEASE EXPLAIN YOUR DESIRED OUTCOME IF SELECTED AND WHO THIS WILL IMPACT?

If you are requesting services for your home please include all persons living at this residence.

| Name | Birth Date | Currently employed with? | If in school, please provide where enrolled |
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V. IS THERE ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW? (OPTIONAL)



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VI. RESOURCE INFORMATION

Have you received any estimates from other contractors or agencies? If so, please attach information to application.

What financial resources do you have (if any) to contribute to the project if selected?

None May have resource to contribute (if known, quantity: _____)

Has applicant requested support for this, or other items, from sources other than CM Cares?

Yes No

| Agency | Nature of Request | Date of Request | Amount Requested | Amount Received | If denied please state reason |
|--------|-------------------|-----------------|------------------|-----------------|-------------------------------|
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INITIAL HERE

Collaboration is vital in building community projects with limited resources; I authorize CM Cares to discuss project information with additional community based organizations or businesses regarding the project.

Review the Authorization to Use Name and Likeness Release. This release is optional. Please note: applications will not be given favorable or unfavorable consideration based upon this release. However, please remember that your willingness to assist CM Cares in its public relations efforts will help us in procuring further support for this program.

Review the Recipient Acknowledgment and Assumption of Risk, Waiver of Liability and Warranty. If your project is selected for CM Cares, this waiver is required.

Signature of Applicant _____ Date: _____



CM CARES PHOTO & INFORMATION RELEASE FORM

Department of Construction Management
102 Guggenheim Hall, 1584 Campus Delivery
Fort Collins, CO 80523
(970) 491-1060
www.cm.chhs.colostate.edu

Permission to Use Photograph

Subject: _____

Location: _____

____ I grant to CM Cares and the Department of Construction Management, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize CM Cares and the Department of Construction Management, its assignees and transferees to use and publish the same in print and/or electronically.

____ **I do not grant** CM Cares or the Department of Construction Management to take photographs in connection with the above identified subject.

Consent is hereby given to use (my) (my child's) name, picture, portraits, likeness, writings or biographical information in any media for editorial, educational, promotional, and advertising purposes, the solicitation of contributions, and for any other purpose in furtherance of the purposes and objectives of the CM Cares program.

I have read and understand the above:

Signature _____

Date _____

Printed name _____

Organization or Company Name if applicable _____

Address _____

I affirm that I am the parent/legal guardian of _____ and that I have full authority to authorize use of his/her photo/information as stated above.

Signature of parent or guardian _____
(if under age 18)

Date _____



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**COLORADO STATE UNIVERSITY
DEPARTMENT OF CONSTRUCTION MANAGEMENT**

RECIPIENT ACKNOWLEDGMENT AND ASSUMPTION OF RISK, WAIVER OF LIABILITY AND WARRANTY

READ THIS IMPORTANT LEGAL DOCUMENT COMPLETELY. BY SIGNING BELOW, I REPRESENT THAT I HAVE READ THIS DOCUMENT CAREFULLY AND IN FULL, THAT I AGREE TO ALL OF ITS PROVISIONS, AND THAT I SIGN THIS RELEASE OF MY OWN FREE WILL.

Name: _____ **Date of Birth:** _____

ACTIVITY: CM CARES

In consideration of The Board of Governors of the Colorado State University System, acting by and through Colorado State University for the benefit of the Department of Construction Management, its directors, officers, agents, employees, volunteers, representatives and any other persons or entities acting on their behalf (“Colorado State University”) allowing me to receive, at no charge, certain services provided by CM Cares, a service learning program sponsored by the Department of Construction Management designed to infuse the traits of community service, leadership, team building, and ethics through community service projects that allow the application of classroom skills in real-world applications, and all related events and activities, including activities on and off the Colorado State University campus (any “CM Cares Event”), I do voluntarily and willingly acknowledge and enter into the following agreement (“Release”).

I am exercising my own free choice to participate voluntarily in a CM Cares Event, including the receipt of any services provided by CM Cares, which may be described in more detail below, and I promise to take due care during any such event. I hereby release, discharge, waive, indemnify and hold harmless Colorado State University, and any successors and assigns, for any and all claims and demands of any kind that arise from or relate to my participation in or the receipt of any services provided by Colorado State University during any CM Cares Event. I acknowledge and understand that this Release releases and discharges Colorado State University from any and all liability and claims, including but not limited to any liability or claim by me or anyone else with respect to any bodily injury, personal injury, illness, death, property damage, or economic damage of any kind that may result from my participation, including my receipt of any services, whether caused by me, a third party, the negligence of Colorado State University, or otherwise, whether arising in tort or contract or any other claim. All warranties, express and implied, are hereby expressly disclaimed **INCLUDING WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE**. The University shall not be liable for any direct, indirect, special, incidental, consequential or punitive loss or damage of any kind, including but not limited to lost profits (regardless of whether or not University knows or should know of the possibility of such loss or damages). The University shall not be liable for any services or work provided by the University at any CM Cares Event. The liability of the University shall not exceed the amount paid to the University for any services or work provided.

I acknowledge and understand that there are known and unknown hazards involved in my participation in or my receipt of any services provided during a CM Cares Event, including, but not limited to, risk of serious bodily injury and death or damage to property. I also understand that the hazards described herein are only a partial list of the risks and hazards and that other hazards may be involved that have not been identified in this document or otherwise disclosed, and I fully assume those hazards as well. By signing this Release and choosing to participate in a CM Cares Event, including the receipt of any services, I expressly and knowingly assume the risks of the hazards described herein, and any other known



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or unknown hazards involved in participating in a CM Cares Event, including the provision of any related services, and waive all claims against Colorado State University. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participation in normal or unusual acts associated with a CM Cares Event, including any property damage that may result from the provision of any services during a CM Cares Event.

I understand that this Release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law, and that if any portion of this Release is declared invalid, for whatever reason, the remaining portions shall continue to be valid and legally binding. I affirm that we have read the terms and provisions of the Release prior to its execution and that I have had the opportunity to consult with whomever I wish, including an attorney, and that Colorado State University has made no representation, statement or inducement, directly or indirectly, on which I rely, and that this Release contains the entire agreement between Colorado State University and me. I agree that this Release shall be governed by the laws of the State of Colorado, without regard to any conflict of laws provisions. I fully understand and acknowledge that Colorado State University has never expressly or impliedly assumed any responsibility for my participation in or my receipt of any services during a CM Cares Event. On my own free will, I hereby personally assume all risks in connection with participation in a CM Cares Event, including the provision or my receipt of any services, or any other activity connected therewith. This Release shall be binding upon me, my spouse, my children, my heirs, administrators, personal representatives and assigns, forever.

Signature of Participant/Recipient: _____ Date: _____

PARTICIPANT/RECIPIENT CONTACT INFORMATION:

Employer: _____
Name: _____
Street Address: _____
City/State/Zip Code: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
E-mail: _____

PERSONS TO BE CONTACTED IN CASE OF AN EMERGENCY:

Name: _____
Contact Information: _____

