

Student Experimental Farm Project and Activities Proposal Form

This document serves as a proposal for those who wish to do activities at the student experimental farm, and seeks to clarify proposed activity details. Before implementation can take place, projects must be approved first by identified SEF Faculty Facilitator (presently Dr. Pete Schwartz), and may be vetted by Cal Poly Environmental Health and Safety.

SEF Mission Statement

We envision an interdisciplinary learning community dedicated to teaching, learning, practicing sustainability.

Project Title:

Person Proposing Project:

Name: Christopher Cruz

Email: christopheracruz7@gmail.com

Telephone number (cell phone) to reach in case of concern/emergency: (424) 903-5005

Statement of Project

Please provide a brief description of the project or activity

I wish to use this land in order to grow 12 different varieties of California crops and monitor their growth on a daily basis. This will be done by taking daily pictures and using these pictures on MatLab in order to label the different crop types grown for an automatic weeding system.

Project Type

Senior Project Class Project Independent Project Event Other (specify) _____

List name of advisors with contact information:

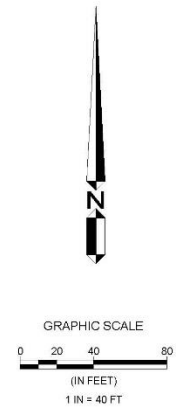
Name: Bo Liu

Email: bliu17@calpoly.edu

List Participants with Cal Poly affiliation (i.e., student, staff, none): Christopher Cruz, Bo Liu

Project Location

Circle the location of the activity or project in the map below.



Please specify location details: The plants will be planted on the raised beds previously set up by the Kat Elizabeth Baker.

Deliverables

What is the project or activity meant to achieve, create, or deliver? The project is trying to use the pictures from these crops in order to help an automatic weeding machine distinguish between weeds and California crops.

Project Details and Logistics

Please list all possible activities that will take place and refer to the Cal Poly Risk Management website and the guidelines listed in the Program Development Document to determine whether training, precautions, or supervision is required for any activities listed.

- Planting crops within the mentioned raised beds
- Taking pictures of the crops while they grow
- Watering the crops whenever they need it

Potential Hazards

Describe anything you can foresee that might threaten safety or property and what might be done to mitigate risk. *None*

Timing and Permanence

Over what period of time will the project or activity take place?

Start time 7/18/18

End time 8/31/18

Can project be easily disassembled? If so, how and when will it be disassembled? What condition will the project be left in when project is finished? *When the project is completed the crops planted can either be removed entirely or can be left their if another student would like for the crops to continue to grow.*

Funding

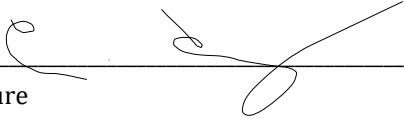
How is this project going to be funded? How is the work and cost of the project going to be supported? Please list funding sources and chances of success from each source. **No funding is necessary for this project, since all the seeds for the crops were provided by my advisor, Dr. Liu.**

Strategic Context

How does the project relate to SEF's and Cal Poly's missions? **This project will help me learn how to maintain different types of crop health and how to maintain consistent data from the daily pictures that I will take.**

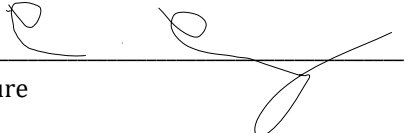
Contract

By signing below, I (name) Christopher Cruz hereby request consideration, acceptance, and approval of the above project/activity proposal. I am committed to complete the project/activity as outlined in the Guidelines for Projects and Activities of the SEF Development Document. I understand that if activity is not completed by end time as specified in this document I will need to resubmit this proposal. It is further understood that a revised activity project proposal may be necessary before approval.

Signature  _____ 7/18/18
Date


Restoring commitment

By signing below, I (name) Christopher Cruz accept responsibility to either terminate the proposed project and restore the area to an acceptable state or pass the project and this restoring commitment onto someone committed to take over the project.

Signature  _____ 7/18/18
Date

Cosigner commitment (project or club advisor), if project has significant impact

By signing below, I (name) _____ accept responsibility to carry out the project and either terminate the proposed project and restore the area to an acceptable state or pass the project and this project commitment onto someone committed to take over the project.



Signature of Faculty advisor _____ 7/21/2018
Date

This project is approved for implementation upon approval, By identified SEF Faculty Advisors Pete Schwartz (Physics) and Greg Schwartz (BRAE) and then Cal Poly Risk Management if the advisors deem necessary to consult Risk Management.

By signing below, I hereby approve this project for implementation.

Dr. Pete Schwartz, SEF Faculty coadvisor

Dr. Greg Schwartz, SEF Faculty coadvisor

Cal Poly Risk Management Representative (if deemed necessary)