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| **Proposal Title:** |  | | | | **Type of Proposal**  (select all that apply)  New Initiative  Existing Operations  One-Time  Ongoing | |
| **College/Department:** |  | | | |
| **Division:** |  | | | |
| **Proposal summary**  Include a summary of the overall request. If requesting new positions, make sure to include an outline of position duties. | | | | | | |
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| **Financial Information**  Outline the cost and personnel needed to support this request, including anticipated impact on revenue when applicable. | | | | | | |
| **Expected costs and personnel:** (If requesting new positions, make sure to include both salary and benefit costs, as well as the FTE count)  **Expected revenue or cost reduction:** (if applicable)  **Briefly outline how the included financial estimates were developed:** | | | | | | |
| **Describe what other funding options were reviewed prior to submitting this request, such as RU funding and/or grants. If not pursued, discuss why. Please outline changes in your college/departments RU cash balances over the past three years.** | | | | | | |
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| **General Information** | | | | | | |
| **Proposals are evaluated primarily on their impact to four key criteria. Within each criteria below, describe the anticipated impact. If none, please leave the section blank.** | | | | | | |
| **General Operating Support/Accreditation Requirements/ Compliance/Legal Mandates** |  | | | | | |
| **Strategic Enrollment Management (SEM)** |  | | | | | |
| **Strategic Plan Alignment**  (Include confirmation if this request was submitted as a Strategic Planning Initiative. If so, briefly list the alignment (i.e., Mission Target = Culture, Goal = Inclusive Excellence, Strategy = Applied Learning). |  | | | | | |
| **Revenue Generation/ Efficiencies** |  | | | | | |
| **What specific performance outcomes are expected? When possible, these should have a clear focus on enrollment. For teaching, include the impact on credit hour production. For non-teaching, include the impact on workload (e.g., client appointment counts per employee, number of students processed per employee, etc.).** If an equipment/capital/technology only project, this section may be left blank if performance outcomes are not believed to be a driving factor in the funding decision. | | | | | | |
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| **Outcome Metrics** | | **FY ’21 Actual** | | **FY ’22 Est.** | | **FY ’23 Est.** |
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| **Describe any negative consequences if this request was not funded?** | | | | | | |
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| **Discuss any required policy or legislative changes required.** | | | | | | |
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| **Will this proposal shift costs to, or increase resource needs in another area of the university (e.g., ITS/Physical Plant/Facilities Planning/Library)? If so, have they been coordinated with?** | | | | | | |
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| **Required Signatures:** | | | | | | |
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| Review Officer Date | | | President/Vice President Date | | | |
| All funding requests will be evaluated by university administration for potential inclusion in the current budget cycle. Requests designated as strategic in nature, assisting in achieving the long-term goals of the university, will be reviewed by the Budget Advisory Committee. Depending on the nature of the request, you may be asked to present the request to the either the Budget Advisory Committee or administration.  Due to funding limitations, general use resources are unlikely to be available to fund all proposals received. Your assistance in locating restricted use funds to move valuable proposals forward is greatly appreciated. | | | | | | |
| **Committee Review:** | | | | | | |
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