# **Funding Request Form**

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| **Contact Person:** | | **Phone:** |
| **Program/Department** | | **Vice President:** |
| **Director/Manager** | | **Date:** |
| **Check all that apply: One-time request Special One-time request Ongoing expense** | | |
| 1. **Describe the budget request, including any equipment needs.** 2. **Was this identified in the most current department/program review?** | | |
| 1. **Provide all financial information related to your proposal.**     **Provide ongoing expense detail:**  **Manager, Instructional Technology Services (ITS) signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| 1. **NOCE’s mission and current strategic plan are the foundation for planning and approving budget requests.**   [**https://www.noce.edu/wp-content/uploads/2022/01/NOCE-Strategic-Plan-Update-4.20.21.pdf**](https://www.noce.edu/wp-content/uploads/2022/01/NOCE-Strategic-Plan-Update-4.20.21.pdf)  **Please identify the applicable goal and objective in the current strategic plan that supports this request.** | | |
| 1. **How does this request improve/expand learning outcomes, resources and/or services? Or how does this improve operational efficiencies?** | | |
| 1. **Will this boost enrollment? How many students will be served by this request?** | | |
| 1. **Does this request address any health/safety/security/accessibility issues?** | | |
| **By signing, I am certifying I agree with the information provided and am in full support of this request.** | | |
| Manager Signature | Vice President | |