

Provost's Office Funding Agreement

Date: _____

FA # (do not complete): _____

Project title or person to be funded:

Choose appropriate category: Retention Spousal accommodation Current faculty position (or fill vacant position) New tenure track line None of these apply

College or Unit associated with project: _____

Source of funding (do not complete): _____

Contact / responsible person: _____ Phone # (or extension): _____

Account number for project: _____ Dept Name: _____ Dept #: _____

Indicate BASE or 1X request:

<input type="checkbox"/> 1X	<input type="checkbox"/> BASE <input type="checkbox"/> 1X	<input type="checkbox"/> BASE <input type="checkbox"/> 1X	<input type="checkbox"/> BASE <input type="checkbox"/> 1X	<input type="checkbox"/> BASE <input type="checkbox"/> 1X
-----------------------------	--	--	--	--

Fiscal years funding to be provided:

FY17	FY18	FY19	FY20	FY21
-------------	-------------	-------------	-------------	-------------

Operating expense per year requested: _____

Salary amount per year requested: _____

FTE months, if salary requested: _____

Other: _____

Document number (do not complete): _____

NOTE: There is no implied additional fringe (\$ or fringe authority) in commitments from the Provost.

Description of project:
(attach backup documentation,
commitment emails, etc.)

Matching funds
information:

Authorizing signatures:

Department: _____ (signature) _____ (print name) Date: _____

College/Unit: _____ (signature) _____ (print name) Date: _____

Provost's Office: _____ (signature) _____ (print name) Date: _____