

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
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Fiscal years funding to be provided:	FY18	FY19	FY20	FY21	FY22
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Operating expense per year requested:	_____	_____	_____	_____	_____
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Salary amount per year requested:	_____	_____	_____	_____	_____
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FTE months, if salary requested:	_____	_____	_____	_____	_____
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Other: _____	_____	_____	_____	_____	_____
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Document number (do not complete):	_____	_____	_____	_____	_____
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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: _____	_____	Date: _____
(signature)	(print name)	

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

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