# Provost, VP Faculty Affairs and VP Undergraduate Affairs Funding Agreement

FA # *(do not complete)*: _____

Date: _____

Source of funding (*do not complete*): _____

Project title and description:
(Please add which Strategic Priority this commitment relates to)

Choose appropriate category:

◯ Retention ◯ Dual Career Hire ◯ Start Up/ Offer Letter ◯ One Off/ Emergency ◯ Strategic Initiatives ◯ Other -Specific_____

College or Unit associated with project: _____

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

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

| **Fiscal years funding to be provided:** | ☐ 1X **FY27** | ☐ 1X **FY28** | ☐ 1X **FY29** | ☐ 1X **FY30** | ☐ 1X **FY31** |
|---|---|---|---|---|---|
| Operating expense per year requested: | | | | | |
| Salary amount per year requested: | | | | | |
| Object Code(s):_____ | | | | | |
| FTE months, if salary requested: | | | | | |
| Other: _____ | | | | | |

**Matching funds information:**

| | | | | | |
|---|---|---|---|---|---|
| College/Division #1 _____ | | | | | |
| College/Division #2 _____ | | | | | |
| College/Division #3 _____ | | | | | |

Required Documentation:
*(depending on category)*

☐ Commitment Email ☐ Offer Letter ☐ Retention Letter ☐ Travel Documentation ☐ Payment in Final Status Other:_____

Expiration Date: _____ Funds not requested by this date will be voided. *(do not compelete)*

Business Officer Initial: _____
*(acknowledging they have reviewed)*

**Authorizing Signatures:**

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

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

***Reminder: All funding agreements must be submitted to the provost business officer through the college/vp business officer. Once submitted they will be reviewed by the provost business officer and brought down to either the Provost/Vice Provost for Faculty Affairs/Vice Provost for Undergraduate Affairs. Please DO NOT submit these requests directly to the Provost/Vice Provost for Faculty Affairs/Vice Provost for Undergraduate Affairs .***

Provost/VP Faculty Affairs/VP Under-graduate Affairs: _____ (signature) _____ (print name) Date: _____