

2009-10 Strategic Planning Budget Request Form

(To be completed in priority order)

Strategic Planning Initiative:
(name strategic planning goal and initiative)

Goal 1, Initiative 6 - Increase Early Outreach to student in region

Strategic Planning Initiative Priority 1

Unit to receive funding: Office of Admission 2010-2011
(Include fiscal year needed)

Description *(Identify initiative or action plan supported. Include an impact statement and alternatives. You may use an additional sheet for explanation, if necessary.)*

These budget figures represent Action Plans outlined for year one of Goal 1, Initiative 6

Budget Summary:	Salary	Fringes (30% of Salary)	Student Wages	S&E	Capital Equipment	Total
Operating Base Allocation	22,000	7,260		18,030		47,290.00
One-time Allocation				40,000		40,000.00
Other Funding Source (Please Describe)						0.00

Strategic Planning Initiative Priority 2

Unit to receive funding: _____
(Include fiscal year needed)

Description *(Identify initiative or action plan supported. Include an impact statement and alternatives. You may use an additional sheet for explanation, if necessary.)*

Budget Summary:	Salary	Fringes (30% of Salary)	Student Wages	S&E	Capital Equipment	Total
Operating Base Allocation						0.00
One-time Allocation						0.00
Other Funding Source (Please Describe)						0.00

2009-10 Strategic Planning Budget Request Form

(To be completed in priority order)

Strategic Planning Initiative Priority 3

Unit to receive funding: _____
(Include fiscal year needed)

Description *(Identify initiative or action plan supported. Include an impact statement and alternatives. You may use an additional sheet for explanation, if necessary.)*

Budget Summary:	Salary	Fringes (30% of Salary)	Student Wages	S&E	Capital Equipment	Total
Operating Base Allocation						0.00
One-time Allocation						0.00
Other Funding Source (Please Describe)						0.00

Strategic Planning Initiative Priority 4

Unit to receive funding: _____
(Include fiscal year needed)

Description *(Identify initiative or action plan supported. Include an impact statement and alternatives. You may use an additional sheet for explanation, if necessary.)*

Budget Summary:	Salary	Fringes (30% of Salary)	Student Wages	S&E	Capital Equipment	Total
Current Operating Base Allocation						0.00
One-time Allocation						0.00
Other Funding Source (Please Describe)						0.00