## **Strategic Funding Request**

Date	
Requestor	E-mail
Is This Request One Time Funds Multi-Year F Is This Matching Funds or Cost Share? Yes If Yes, is it Mandatory Vol	Funds O Continuing Funding No
Total Funding Requested	If Multi-Year/Continuing Annual Funds
Date Funding will be Needed	_
Describe the Request - Attach Additional Sheets if Necessar	<u>.</u>
Select the strategic initiatives this proposal supports	
Increase metrics of research impact	
Secure funding for a Seminar Series	
Endowed Chairs or faculty fellowships	
Support Development of Cross-cutting Research The	emes (CRTs)
Increase total undergraduate headcount and SCH Increase PhD enrollments	
Increase headcount and SCH in PMPs	
Increase Coursera non-credit revenue or increase st	udent enrollment
Improve departmental climate and community	
Faculty and staff retention	
Improve recruitment, retention, and graduation rate	es for undergrads
Building infrastructure improvements	
Improve capacity and quality of teaching labs	
Other operational needs	

Please describe how this request furthers the initiatives selected

Request Reviewers Only	
Initial Reviewer         Less than \$3,000 requested - Operations or Finance Manager         Between \$3,000 and \$10,000 - Department Chair         More than \$10,000 - Strategic Planning Committee and Executive Committee	
Does this request need to be routed with a space request? O Yes O No	
Request Disposition	
<ul> <li>Approved</li> <li>Approved pending Space Approval</li> <li>Hold - Review in Next Cycle</li> <li>Denied</li> </ul>	
Determination by Date	
Strategic Planning Review	
Date of Review	
Overall Funding Priority out of	
Rating () 1 () 2 () 3 () 4 () 5	
Funding Recommended O Yes O No O Hold for New Review Cycle	
Executive Committee Review	
Date of Review	
Overall Funding Priority out of	
Rating () 1 () 2 () 3 () 4 () 5	
Funding Recommended O Yes O No O Hold for New Review Cycle	