

## **Strategic Planning Action Project Funding Request Form Grand Rapids Community College**

Complete this form if you are championing a College Action Project that will require additional monies to be implemented. Requests for additional monies should meet the following criteria:

- 1) The funding is requested to cover a specific, known expense directly related to the Action Project. (Do not request dollars to cover anticipated requests, however, cost estimates are acceptable for known activities.). Please include a specific breakdown of known expenses (i.e., project budget)
- 2) The funding is for one-time expenses only. (No re-occurring requests)
- 3) You have explored and exhausted (or are in the process to) all other avenues for funding including reallocation of current department budget dollars to address this College Action Project. If your request is partially funding the project please list the other amounts and sources of funding.
- 4) The request should not exceed \$20,000.00

Completed forms should be sent electronically to Vicki Janowiak ([vjanowia@grcc.edu](mailto:vjanowia@grcc.edu)) by the 15<sup>th</sup> of each month for consideration prior to month end. Approved budget dollars will be transferred into the Action Project Champion's department account as a one-time only allocation.

**A. College Action Project Name/Number:  
Champion Name:**

**B. Budget Information**

Department:

Budget Control Officer:

Dollar amount of funding request:

Account Number of funding request:

**C. Please describe, in detail, the project that this funding request will support. Include a budget detail – and indicate other possible sources of funding that you have obtained or are in the process of seeking (e.g., off-cycle budget request, department budgets, etc.) if the total project costs exceeds the \$20,000.00 that may be requested through SLT. Finally, be sure to include any supporting documents (such as proposals, quotes, etc.). If your request is under \$20,000.00 please provide detail demonstrating that all other possible funding sources have been exhausted prior to this request.**

**D. Describe the circumstances resulting in the need to request additional funding for this College Action Project.**

**E. If this funding request is denied and you would need to fund the College Action Project using existing department dollars, what would the impact be on the department's ability to provide learning and services to students, staff and/or the community? In other words, if no dollars were allocated and you had to shift dollars from within your own budget, what would you not be able to do or have to stop doing?**

**F. If not funded, what would be the impact on the implementation of the College Action Project?**

**BCO Signature:** \_\_\_\_\_

**EBCO Signature:** \_\_\_\_\_