# **Funding Request Form**

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| **Contact Person:** | **Phone:**  |
| **Program/Department** | **Vice President:** |
| **Director/Manager** | **Date:** |
| **Check all that apply: One-time request Special One-time request Ongoing expense**  |
| 1. **Describe the budget request, including any equipment needs.**
2. **Was this identified in the most current department/program review?**
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| 1. **Provide all financial information related to your proposal.**

**Provide ongoing expense detail:** **Manager, Instructional Technology Services (ITS) signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. **NOCE’s mission and current strategic plan are the foundation for planning and approving budget requests.**

[**https://www.noce.edu/wp-content/uploads/2022/01/NOCE-Strategic-Plan-Update-4.20.21.pdf**](https://www.noce.edu/wp-content/uploads/2022/01/NOCE-Strategic-Plan-Update-4.20.21.pdf)**Please identify the applicable goal and objective in the current strategic plan that supports this request.**  |
| 1. **How does this request improve/expand learning outcomes, resources and/or services? Or how does this improve operational efficiencies?**
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| 1. **Will this boost enrollment? How many students will be served by this request?**
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| 1. **Does this request address any health/safety/security/accessibility issues?**
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| **By signing, I am certifying I agree with the information provided and am in full support of this request.** |
| Manager Signature | Vice President  |