

Central Administration Funding Agreement

Date: _____

CFA #: _____
(do not complete)

Project title or person to be funded:

Choose appropriate category: R&M and Capital Investment Start Up / Retention Programmatic Commitments None of these apply

College or Unit associated with project: _____

Source of funding (do not complete): _____

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

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

| | | | | | |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Fiscal years funding to be provided: | FY 24 | FY 25 | FY 26 | FY 27 | FY 28 |
| | <input type="checkbox"/> 1X | <input type="checkbox"/> 1X | <input type="checkbox"/> 1X | <input type="checkbox"/> 1X | <input type="checkbox"/> 1X |

Operating expense per year requested: _____

Salary amount per year requested: _____

FTE months, if salary requested: _____

Other: _____

Document number (do not complete): _____

Description of project:
(attach backup documentation,
commitment emails, etc.)

Matching funds
information:

Authorization signatures:

Department: _____ Signature _____ Print Name _____ Date: _____

College/Unit: _____ Signature _____ Print Name _____ Date: _____

Higher Department Authorization signature:

Higher Department Authorization signature required. May be signed by the Office of the President, Provost, CFO or approved delegate for the office. In all instances, CFO authorization is required.

Authorization: _____ Signature _____ Print Name _____ Date: _____

Approval by CFO: _____ Signature _____ Print Name _____ Date: _____