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 22** ☐ 1X	**FY 23** ☐ 1X	**FY 24** ☐ 1X	**FY 25** ☐ 1X	**FY 26** ☐ 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: _____