

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 17	FY 18	FY 19	FY 20	FY 21
	<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.

Authorization: _____ _____ _____ _____ _____
Signature Print Name Date: