



Office of Financial Services

2010-2011 New Initiative Request Form

Department/Campus Name: _____

Title: _____

Department/Campus Priority: _____

Unit Plan Year/Number: _____

Section 1: General Description

Description

Consequences of funding/not funding

Need for request

Alternatives considered

Are the proposed services, programs, or activities mandated?

YES

NO

References (i.e. Florida Statute, Admin. Rule etc.):

What are the expected results to be achieved if this request is funded?

Section 2: Cost of request

One-time funding? YES NO

Recurring need? YES NO

Technology Needed? YES NO

Facilities Needed? YES NO

Staffing Needed? YES NO

Proposed Position Title	Index	Fringe Benefits	Total Personnel Cost

(Insert additional rows as needed)

Non-personnel services? YES NO

	FY 2011
Expenditures	
Contractual Services	
Supplies & Materials	
Equipment	

Non-general fund sources? YES NO If YES, fill in table below:

Revenue Source	Amount	Grant or Contract

Requested By: _____

Budget Administrator Signature

Approved By: _____

Campus President/Executive Vice President Signature

Executive Council Approval: _____

Instructions for completing the New Initiative Request

General information

- Complete a separate request for each new initiative.
- You must complete all the items. If an item is not applicable, insert “N/A.” Do not delete any items.

Specific information

- **Department/Campus Name:** Type in the department and campus name.
- **Title.** Insert a short descriptive title. Remember that your title should begin with an action verb such as “increase,” “add,” “reduce,” “transfer,” “shift,” “expand,” etc.
- **Department/Campus Priority:** Indicate the priority number of the request within your department/campus.
- **All New Initiatives must be accompanied by an approved unit plan.** Enter the Unit Planning year and plan number.

Section 1: General Description

- **Description.** Summarize the actions your department proposes to take with the requested dollars or position.
- **Consequences of funding/not funding.** Indicate the consequences you expect if your proposal is or is not approved.
- **Need for request.** Provide detailed information to indicate the need for the proposed service/program/activity. For example, is there a waiting list for services? If so how long is the wait, how many individuals are on the list, what is the average wait time to receive services? Have demographic, weather, or other factors changed the need for the service/program/activity? Cite quantitative data wherever possible.
- **Alternatives considered.** Indicate any other alternatives you considered for accomplishing the objectives and why you selected the proposed action. Briefly list the pros and cons of each alternative.
- **Are the proposed services/programs/activities mandated?** Put an X in the appropriate box to indicate if the proposed programs, services, or activities are mandated. If so, indicate what precisely the mandate requires and what is its origin (cite federal or state statutory provisions). **Note:** An activity is not mandated if legislation enables or authorizes the activity but does not require it.
- **Expected results.** Indicate how you will measure the success of the effort if this proposal were to be funded, giving the specific results that you expect should this proposal be funded. This is the way that one can compare actual results with anticipated results

Section 2: Cost of request

- **One-time funding?** If the request involves additional funding, put an X in the “YES” box to indicate if it represents a one-time need. If the requested expenditures are made up of some one-time and some recurring costs, insert an X in the YES box, but be sure to explain and indicate how much of the request is one-time.
- **Recurring need?** If the funding requested is recurring, put an X in the “Yes” box.
- **Technology Needed.** Put an X in the appropriate box to indicate if the request requires new or enhanced technology features.

- **Facilities Needed.** Put an X in the appropriate box to indicate if the request requires renovations to existing facilities or new facilities.
- **Staffing Needed.** Put an X in the appropriate box to indicate if the request includes any personnel services dollars. If yes, use the table to indicate new positions, the recommended Index, the estimated fringe benefits and the total annual costs of salary and the associated fringe benefits for each position.
- **Non-personnel services.** Put an X in the appropriate box to indicate if any non-personnel services costs are included in the request. If yes, use the table to indicate by major expenditure type the amount you are requesting for non-personnel services.
- **Non-general fund sources.** Put an X in the appropriate box to indicate if any non-general funds are included in the request. If “yes,” insert in the table the revenue source (i.e. Dept. of Education), the amount and whether it is a grant or contract. Add additional lines if needed.

All Forms must be signed by the Budget Administrator requesting the funds and approved by the appropriate Campus President or District Vice President.