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# New Funding Request

Purpose: The purpose of this form is to provide information to facilitate discussion and decision making related to funding proposals.

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| **Date:** Click here to enter a date. |
| **Request Category:** |
|  | [ ]  | Position | [ ]  | Program | [ ]  | Other Initiative |
| **Dean’s Commitment List Category:** |
|  | [ ]  | Administrative Department | [ ]  | Clinical | [ ]  | Education | [ ]  | Research | [ ]  | Administrative Dean |
| Description: |
|  | Click here to enter text. |
| Funding Source: |
|  | Click here to enter text. |
| Place in Strategic Plan: |
|  | Click here to enter text. |
| Benefits/Areas of Support: |
|  | Click here to enter text. |
| Risks/Areas of Concern: |
|  | Click here to enter text. |
| Additional Information: |
|  | Click here to enter text. |
| Budget Information Summary: |
|  | Click here to enter text. |
|  Justification: |
|  | Click here to enter text. |
|  Detail Related to Personnel Costs (if applicable) |
|  | Click here to enter text. |
|  Detail related to Other Costs (Supplies, Services, Travel) (if applicable) |
|  | Click here to enter text. |

# Funding Request Decision

|  |  |  |
| --- | --- | --- |
|  | [ ]  | Approved |
|  | [ ]  | Rejected |
|  | [ ]  | Deferred |
|  | [ ]  | Further Discussion Needed |

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| **Comments:** |
|  |  |
| **Next Steps:** |
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