FUNDING REQUEST
DIVISION OF STUDENT AFFAIRS

Revised: 9/08

Department: _______________________________ Date: ________________

Project (Proposal) Name: ___________________________________________________

Project Beginning Date: _________________  Project Ending Date: ________________

Total Cost of Project: ____________________ Amount Requested: _________________
(Attach a budget.)

Your Index # (Required for the transfer of funds) _______________________________________

Brief Description of Project (no more than 3 sentences, please):

Department Supervisor: ___________________________________________________

Name    Title

Project Manager (contact person): ____________________________________________

Name    Title

Department Phone #: _____________  Campus address: __________________________
(Include Mail Stop Code)

Signature of Project Manager: _______________________________________________

Instructions:
1. Attach (3-5 pages) a description of the goals, objectives, the benefits to
department/UNM/community, timelines, and target population.

2. On the attached page show a budget for the project, with cost of items such as: personnel,
equipment, materials, printing, postage, telephone, and travel. Include other sources and
amounts of funding.

3. Upon completion of the project please submit a report before 30 days of your project
ending date. The report should include information on how the program benefited
UNM students; number of student participants and their role in the program; proposed
follow-up on student participants, and a detailed list of expenditures.

4. PLEASE ALLOW TWO (2) WEEKS TO PROCESS.

This Funding Request for _______________________________ has been approved.

Project Name

Eliseo Torres, Vice President for Student Affairs    Date

Proposals that are not approved will be returned to the project manager with a memorandum of explanation.

Office Use Only:
VPSA Account _______ Pepsi _______ NM Plan _______ LAR _______ LAR SB415 _______
DIVISION OF STUDENT AFFAIRS
PROPOSED BUDGET

Department: _____________________________________________________________

Name of Project: _________________________________________________________

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<thead>
<tr>
<th>LIST EXPENSES</th>
<th>AMOUNT</th>
<th>JUSTIFICATION</th>
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<tbody>
<tr>
<td>(See Instructions, Item 2)</td>
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<td>(How Amount Relates to Project)</td>
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Total Cost of Project: ____________________________

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<thead>
<tr>
<th>OTHER SOURCES OF FUNDING</th>
<th>AMOUNT</th>
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Signature of Project Manager ______________________ Date __________

Signature of Department Supervisor ______________________ Date __________