

**PLANNING & BUDGET  
EMERGENT FUNDING NEEDS REQUEST  
TEMPLATE**

<b>UNIT NAME:</b>	
<b>DATE:</b>	
<b>UNIT MANAGER:</b>	
<b>UNIT MANAGER'S SIGNATURE:</b>	

**Requested Allocation**

**Dollar Amount:**

**CHECK THE FOLLOWING:**

**Unit Plan**

**APPW Request for Funding**

**Cluster Request for Funding**

**Date of Presentation to Planning & Budget Presentation:** \_\_\_\_\_

**Justification** (*Accreditation, safety, regulatory and etc.*)

**Needs Assessment:** *Evidence of need for this allocation.*

**Impact:** *If request is not funded please explain consequences and impact.*

**COST/BENEFIT ANALYSIS**

**COSTS**

ITEM	DOLLAR AMOUNT
Initial Start up Cost	\$
Sustainable and Ongoing Costs	\$
Indirect Costs	\$
<b>TOTAL</b>	<b>\$</b>

**BENEFITS**

<b>PROJECTED FTES PER YEAR</b>	
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FUNDING SOURCES <small>Check all that apply and provide dollar amount and length of funding</small>	DOLLAR AMOUNT	LENGTH OF FUNDING
<input type="checkbox"/> Foundation	\$	
<input type="checkbox"/> New Revenues	\$	
<input type="checkbox"/> Reallocation of funds	\$	
<input type="checkbox"/> Categorical	\$	
<input type="checkbox"/> CTE	\$	
<input type="checkbox"/> Chancellor's Office	\$	
<input type="checkbox"/> VTEA	\$	
<input type="checkbox"/> Other: _____	\$	
<b>TOTAL FUNDING SOURCES</b>	<b>\$</b>	

<b>Planning &amp; Budget Date</b>	
<b>Approval</b>	
<b>Denial</b>	

Reviewed and Endorsed by:

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Cuesta College Vice President of Administrative Services

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Classified co-chair of Planning and Budget

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Faculty co-chair of Planning and Budget