

# Central Administration Funding Agreement

Date: Oct 26, 2020

CFA #: \_\_\_\_\_  
(do not complete)

Project title or person to be funded: Spring F2F Additional Sections - COVID19

Choose appropriate category: ☐ R&M and Capital Investment ☐ Start Up / Retention ☐ Programmatic Commitments ☒ None of these apply

College or Unit associated with project: All Colleges

Source of funding (do not complete): \_\_\_\_\_

Contact / responsible person: Cheyenne Hall Phone # (or extension): 491-0898

Account number for project: Many Dept Name: Many Dept #: Many

| Fiscal years funding to be provided: | FY 21                                  | FY 22                       | FY 23                       | FY 24                       | FY 25                       |
|--------------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
|                                      | <input checked="" 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: 1,000,000 \_\_\_\_\_

FTE months, if salary requested: \_\_\_\_\_

Other: \_\_\_\_\_

Document number (do not complete): \_\_\_\_\_

Description of project:  
(attach backup documentation, commitment emails, etc.)

We plan to use the remaining funds from Fall \$2.1M to cover part of Spring. The \$1M request is the max amount we would need if all of the colleges utilized their approved budgets for Fall and the requested budgets for Spring. Based on the Q1 numbers we do not anticipate all of their approved budget being used but we wanted to show worst case scenario.

Matching funds information: \_\_\_\_\_

## Authorization signatures:

|             |                                |                                 |                         |
|-------------|--------------------------------|---------------------------------|-------------------------|
| Department: | <u>Kelly Long</u><br>Signature | <u>Kelly Long</u><br>Print Name | Date: <u>10/27/2020</u> |
|-------------|--------------------------------|---------------------------------|-------------------------|

|               |                                   |                                    |                         |
|---------------|-----------------------------------|------------------------------------|-------------------------|
| College/Unit: | <u>Cheyenne Hall</u><br>Signature | <u>Cheyenne Hall</u><br>Print Name | Date: <u>10/26/2020</u> |
|---------------|-----------------------------------|------------------------------------|-------------------------|

## 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: | <u>Lynn Johnson</u><br>Signature | <u>Lynn Johnson</u><br>Print Name | Date: _____ |
|----------------|----------------------------------|-----------------------------------|-------------|

Digitally signed by Lynn Johnson  
Date: 2020.10.26 12:39:06 -06'00'