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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Itemize Components of Request**  **(add additional rows if needed)** | **Index to be Funded** | **Annual Amount Requested** | **Fringe Benefit (79% for all FT emp, -40% - PT lect)** | **Index for Reallocation** | **(Reallocation Amount)** | **Total Annual Request** | **Additional Comments** |
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| Total Annual Cost | | | | | |  |  |
| Start up - one-time cost | | | | | |  |  |
| Net Requested Investment | | | | | |  |  |

1. **Describe the existing program, if applicable, and justify the request in detail (e.g., establish new position include position title, student workers, training)**
2. **What is the benefit of implementing or detriment of not implementing, as it relates to recruitment and/or retention?**
3. **Describe how the impact/success will be measured as related to recruitment and/or retention. What is the measurement baseline today? If the request is approved, how would the measure change in 3 years?**
4. **Does this program/request overlap or have interrelationships and/or interdependencies with other programs, departments or divisions? If so, please describe. Include feedback from these entities verifying support for the request.**
5. **For the index/indices to be funded, specify whether the funding is for discretionary personal services/operating expenses (DPS/OE) or personal services (PS) (i.e., salaried employees). Identify current base budget (prior to other transfers) level(s) of funding (for DPS/OE or PS) and calculate the percentage of the proposed increase (e.g., a request for $10,000 to a DPS/OE index funded at $100,000 would be a 10% increase).**
6. **If this request cannot be funded through reallocation, explain why. If this request can be partially or completely funded through reallocation, provide the rationale.**

1. **Describe any additional office or special technology requirements, if this initiative is approved?**
2. **Describe connection(s) with the strategic plan, specifying which key activity or activities does it support or connection to NECHE accreditation, identifying applicable standards.**
3. **Does this request improve a health and safety issue (e.g., fire code, counseling)? If so, please describe how.**