

Location:		Department:		Application for Funds from:			
Request Type	Academic Program	(specify)	Non Acadomi	ic Program			
Timelines	Must be approved by			Non-Academic Program  Must be implemented before			
Tillelilles	Iviust be approved t	Delote	Must be impl	Must be implemented before			
oject Name (50 o	characters)						
ecutive Summar	y (250 characters wh	ich will be viewed	on related reports				
e Purpose of this inve	• •			•			
ow does this investme	ent create something new/	significantly enhance N	NBCC? Extraordinary fun	ds should yield extraor	dinary results.		
		. ND oo!					
• •	of this Request supp	-			Tanakhar Si		
	here applicable, how this s	ubmission relates to sp	ecific approved commit	ments as identified in T	ogether we Rise		
BCC 2018.							
• •	of this Request supp		-				
	here applicable, how this s	ubmission relates to sp	ecific approved plans as	s identified on NBCC's b	oard-approved		
perational Plan.							
ow will Approval	of this Request supp	ort NBCC's Disk M	anagamant Dlan?				
• •	here applicable, how this s		_	identified on NRCC Rick	, Registry		
antijy unu explain, wi	nere applicable, now triis s	ubinission relates to sp	ecijic upproved risks us	identified on NBCC KISK	registry.		
t performance i	ndicators (outcomes)	which clearly dem	onstrate return on	this investment?			
hat is the impact	t to NBCC of not mov	ing forward? How	does not investing	negatively impact	NBCC?		
				- ·			

		pace Related ncl. Facilities)	Non-Spac (incl. Furn Info t	, Equip &		rating Costs Time/Ongoing)	Total Reques
New or Enhancement to S	pace or New	l .				. 0 0,	
		ance					
Required to address Health &							
Required due to legislat'n/reg	gulat'n?						
Personal Services (3xxx)							
Instructional staff	\$	_	\$		\$		\$
Administrative or support st	taff						
Fringe Benefits (Assume 20%	%)						
Other Services (4xxx)							
Materials & Supplies (5xxx)							
Property & Equipment							
IT Hardware (6071)							
IT Software (6072)							
Other Property & Equipmen	it (6xxx)						
Sub-Total Requirement	\$		\$		\$		\$
Matching Funds/Recoveries to	o NBCC						
Specify:							
Specify:							
	\$		\$		\$		\$
Specify:  Total Request  Des approval of this requ	est result in	ONGOING op		:s during	1 -	r years? If so,	
Specify:  Total Request  Des approval of this requirement  Amount		ONGOING op		s during	1 -	r years? If so,	
Specify:  Total Request  Des approval of this requ	est result in	ONGOING op		s during	1 -	r years? If so,	
Specify:  Total Request  Des approval of this request  Amount   1	est result in ( Nature e attached to	support Requ	erating cos	s during	1 -	r years? If so,	
Specify:  Total Request  Des approval of this request  Amount   \$  Documentation must be Information Technology Compared to the compared to th	est result in ( Nature	support Requ	erating cos		1 -	r years? If so, Yes	
Specify:  Total Request  Des approval of this request  Amount recommendation must be represented by the recommendation of this request recommendation must be recommendation of this request recommendation must be recommendation.	est result in one of the second secon	support Requ	erating cost	Att	next fou		specify.
Specify:  Total Request  Des approval of this request  Amount recommendation must be linformation Technology Commendation Mew or Enhanced space Commendation Comm	est result in one of the second secon	support Requ	erating cost	Att	next fou	Yes	specify.  No No
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Specify:  Total Request  Des approval of this request  Amount  \$  Documentation must be Information Technology New or Enhanced space  Submitted by	est result in on Nature  e attached to contact: Manage contact: Director,  Print	support Requ	erating cost  uest from:  ncillary Service	Att	tached?	Yes Yes	No No Project Conta Phone Number or (e.g. Academic Chair)
Specify:  Total Request  Des approval of this request  Amount I  \$  Documentation must be Information Technology Companied Space Companied Space Companied Space Companied Submitted by (Project Contact):  Approved by:	est result in one of the contact: Manager ontact: Director,	support Requ	erating cost uest from:	Att	next fou	Yes Yes Budget Manage	No No Project Conta Phone Nuchair (e.g. Academic Chair) Approval
Specify:  Total Request  Des approval of this request  Amount f  \$  Documentation must be Information Technology Contact Submitted by (Project Contact):	est result in one Nature  e attached to contact: Manage contact: Director,  Print  Print	support Requ	uest from: cillary Service Sign	Att	tached? tached? Date	Yes Yes Budget Manage	No No Project Conta Phone Number or (e.g. Academic Chair) Approval ger (e.g. Dean/Director)
Specify:  Total Request  Des approval of this request  Amount I  \$  Documentation must be Information Technology Companied Space Companied Space Companied Space Companied Submitted by (Project Contact):  Approved by:	est result in on Nature  e attached to contact: Manage contact: Director,  Print	support Requ	erating cost  uest from:  ncillary Service	Att	tached?	Yes Yes Budget Manage	No No Project Conta Phone Nuchair (e.g. Academic Chair) Approval
Specify:  Total Request  Des approval of this request  Amount I S  Documentation must be Information Technology Companied Space Companied Spac	est result in one Nature  e attached to contact: Manage contact: Director,  Print  Print	support Requ	uest from: cillary Service Sign	Att	tached? tached? Date	Yes Yes Budget Manage	No No Project Conta Phone Number or (e.g. Academic Chair) Approval ger (e.g. Dean/Director) Approval
Specify:  Total Request  Des approval of this request  Amount I S  Documentation must be Information Technology Companied Space Companied Spac	est result in on Nature  e attached to contact: Manager contact: Director,  Print  Print  Print	support Requ r, IT Services , Facilities and Ar	uest from:  cillary Service  Sign  Sign  Sign	s Att	tached? tached? Date Date	Yes Yes Budget Manage	No No Project Conta Phone Number or (e.g. Academic Chair) Approval ger (e.g. Dean/Director) Approval For all requests
Specify:  Total Request  Des approval of this request  Amount   1   5    Documentation must be Information Technology   Contact    Submitted by (Project Contact):    Approved by:    Approved by:    Approved by:    Approved by:	est result in on Nature  e attached to contact: Manager contact: Director,  Print  Print  Print	support Requ r, IT Services , Facilities and Ar	uest from:  cillary Service  Sign  Sign  Sign  Sign	s Att	tached? tached? Date Date	Yes Yes Budget Manage	No No Project Conta Phone Number or (e.g. Academic Chair) Approval ger (e.g. Dean/Director) Approval For all requests
Specify:  Total Request  Des approval of this request  Amount  \$  Documentation must be Information Technology Contact Space Contact Submitted by (Project Contact):  Approved by:  Approved by:	est result in on Nature  e attached to contact: Manager contact: Director,  Print  Print  Print	support Requ r, IT Services , Facilities and Ar	uest from:  cillary Service  Sign  Sign  Sign  Sign	s Att	tached? tached? Date Date	Yes Yes Budget Manage	No No Project Conta Phone Number (e.g. Academic Chair) Approval ger (e.g. Dean/Director) Approval For all requests Relevant SET Member