

Location:		Department:		Application for Funds from:	
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Request Type	Academic Program (specify)	Non-Academic Program
Timelines	Must be approved before	Must be implemented before

Project Name (50 characters)**Executive Summary (250 characters which will be viewed on related reports)**

The Purpose of this investment is to...

How does this investment create something new/significantly enhance NBCC? Extraordinary funds should yield extraordinary results.

How will Approval of this Request support NBCC's Strategic Commitments?

Identify and explain, where applicable, how this submission relates to specific approved commitments as identified in Together we Rise NBCC 2018.

How will Approval of this Request support NBCC's current Operational Plan?

Identify and explain, where applicable, how this submission relates to specific approved plans as identified on NBCC's board-approved Operational Plan.

How will Approval of this Request support NBCC's Risk Management Plan?

Identify and explain, where applicable, how this submission relates to specific approved risks as identified on NBCC Risk Registry.

List performance indicators (outcomes) which clearly demonstrate return on this investment?**What is the impact to NBCC of not moving forward? How does not investing negatively impact NBCC?**

	Space Related (incl. Facilities)	Non-Space Related (incl. Furn, Equip & Info tech)	Operating Costs (One-Time/Ongoing)	Total Request
New or Enhancement to Space or Facility?	New Enhance			
Required to address Health & Safety?				
Required due to legislat'n/regulat'n?				
Personal Services (3xxx)				
Instructional staff	\$	\$	\$	\$
Administrative or support staff				
Fringe Benefits (Assume 20%)				
Other Services (4xxx)				
Materials & Supplies (5xxx)				
Property & Equipment				
IT Hardware (6071)				
IT Software (6072)				
Other Property & Equipment (6xxx)				
Sub-Total Requirement	\$	\$	\$	\$
Matching Funds/Recoveries to NBCC				
Specify:				
Specify:				
Total Request	\$	\$	\$	\$

Does approval of this request result in ONGOING operating costs during next four years? If so, specify.

Amount	Nature
\$	

Documentation must be attached to support Request from:

Information Technology Contact: Manager, IT Services
New or Enhanced space Contact: Director, Facilities and Ancillary Services

Attached?	Yes	No
Attached?	Yes	No

Submitted by (Project Contact):	Print	Sign	Date	Project Contact Phone Number
Approved by:	Print	Sign	Date	Budget Manager (e.g. Academic Chair) Approval
Approved by:	Print	Sign	Date	Org. Manager (e.g. Dean/Director) Approval
Approved by:	Print	Sign	Date	For all requests Relevant SET Member

Team Budget Use Only:

Approval confirmed by:		Of Team Budget
Coding Assigned by Team Budget:		
Project Code	Assigned by Facilities and Ancillary Services	Assigned by Team Budget