

**One-Time Funding Request**

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Dean/Manager: \_\_\_\_\_

Department: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Division/Area Priority \_\_\_\_\_ of \_\_\_\_\_

**(Attach most recent Instruction, Student Services or Campus Services Program Review Summary)**

**One-Time Funding Definition: Projects/services/temporary staffing/goods/equipment expenditures that do not create significant, on-going fiscal obligations for the college. Before submitting a one-time proposal, requestors are encouraged to meet with their division leadership to determine if operating resources are already available.**

**1. Title of Request** \_\_\_\_\_

**2. Description of Budget Request for one-time funds.**

Please provide a brief summary of the request (150 words or less). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*(add lines if necessary)*

**3. Indicate how this request supports the Cypress College mission.**

*Cypress College enriches students' lives by providing premier educational opportunities including transfer to four-year institutions, associate degrees, certificates, and a baccalaureate degree. The college offers comprehensive career technical education programs, basic skills, and lifelong learning. Multiple educational-delivery methods meet the varied needs of our students. The college is dedicated to supporting the success of students, fostering diversity, enriching society, and contributing to the economic development of our community and beyond.*

\_\_\_\_\_  
\_\_\_\_\_

*(add lines if necessary)*

**4. Specify how your request would support:** *(add lines if necessary)*

A. 2017-2020 Strategic Plan/Strategic Direction: \_\_\_\_\_

<http://news.cypresscollege.edu/Documents/ir/planning-documents/Cypress-College-Strategic-Plan-2017-2020.pdf>

B. # of Students Impacted (if applicable): \_\_\_\_\_

**5. Is this request in program review?**  Yes  No **If no, please explain why it is not included in your area's program review.**

\_\_\_\_\_  
\_\_\_\_\_

**6. How will this request improve the success outcomes contained in your most recent program review? e.g., Instruction – improved success rates, awards received, 5 year trends, improved SLOs, etc.; Student Services – SLOs & core measure improvements; Campus Services – core measure improvements. Data driven responses are encouraged.** *(add lines if necessary)*

<https://www.cypresscollege.edu/institutional-research-and-planning/program-review/>

\_\_\_\_\_  
\_\_\_\_\_

7. How does this request help your area grow (program improvement) and/or sustain quality instruction/service (program maintenance)? (add lines if necessary)

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8. Please provide all financial information related to your proposal. Please provide supporting documentation for listed expenditures, if available.

(The Excel worksheet below will automatically calculate entries. Double click on first line of Item Detail to activate Excel functions. When finished, click outside the Excel table to de-activate)

Item Detail	Unit Cost	Quantity	Installation Cost (if applicable)	Tax & Shipping	Total
					\$ -
					\$ -
					\$ -
* Include any additional IT/Facility costs					\$ -
<b>TOTAL COST</b>					\$ -

\*Please consider any if this one-time funding request will create an on-going financial obligation for the college. If so, please indicate possible on-going cost/impact: (add lines if necessary)

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9. Safety Concern:  Yes  No

All safety related requests will require the review and endorsement of the Campus Safety Committee. Request can be submitted prior to committee review/endorsement, but require committee review/endorsement before recommendation for allocation.

Safety Committee Review Request Form: <https://www.cypresscollege.edu/about/cypress-college-governance/safety-committee/>

10. Request Review:

If request includes technology and/or a new computer purchase, please obtain review from the **Manager, Academic Technology Services:**

\_\_\_\_\_ Cost implication: \$ \_\_\_\_\_  
Signature

Comments: \_\_\_\_\_

If budget request includes anything that will be plugged in or attached to a building or requires any facility modification or removal of equipment, you must obtain the approval of the **Director, Physical Plant:**

\_\_\_\_\_ Cost implication: \$ \_\_\_\_\_  
Signature

Comments: \_\_\_\_\_

Dean/VP Approval: \_\_\_\_\_  
Name and Title

\_\_\_\_\_ Signature  
Date

Dean/VP COMMENTS:	Division Priority Ranking: _____