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|  Request for Funding from the ETSU Foundation |
| Name of Request |  Date |
|  |  |
| Department Making the Request | College |
|  |  |
| Phone Number / E-mail | Building/Box |
|  |  |
|  |  |

**Description/Purpose of Request (attach a document if more space is required).**

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**Impact If Funded – be specific (attach a document if more space is required).**

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 **Yes No *This request aligns with the ETSU Strategic Plan or other University priority.***

***Specifically, this request applies to item \_\_\_\_\_ of the Strategic Framework portion of the ETSU Strategic Plan or describe, if other.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Approval Routing (signatures indicate approval is recommended, unless otherwise noted)***

Funds are not available

from another source

to meet this need

|  |  |  |
| --- | --- | --- |
| **Requester** – Name and Signature |  | Date |
| Funds are not available from another source to meet this need |  |  |
| **Department Head/Chair** (if not the requester) – Name and Signature |  | Date |
| Funds are not available from another source to meet this need |  |  |
| **Dean/Vice President** – Name and Signature |  | Date |
| Funds are not available from another source to meet this need |  |  |
| **Provost** (if applicable) – Name and Signature |  | Date |
|  |  |  |
| **Foundation President/CEO** – Name and Signature |  | Date |
|  |  |  |
| **University President** – Name and Signature**Recommended. Priority \_\_\_\_ of \_\_\_\_** |  | Date |
| **Executive Committee, ETSU Foundation** –Name and Signature**Funded/Not Funded** |  | Date |

Forward completed/signed form to the President/CEO of the ETSU Foundation, University Advancement, Yoakley Hall, Room 311, 9-4242

Revised August 13, 2018