

STRATEGIC INITIATIVE FUND REQUEST

Date Requested _____

Beginning Fiscal Year _____

- New Funding Request**
 Request to Renew SIF Funds *Enter SIF GL account number* _____
 Request to re-allocate the existing SIF Funds *Current balance of the existing SIF Funds* _____

Initiative	
	<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years
	Responsible Dept. <input style="width: 90%;" type="text"/>
	Contact <input style="width: 90%;" type="text"/>

Description	
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*Please specify
 *Project details
 *Stakeholders
 *If additional resources or
 third party consultants
 needed
 Timing

Projected Cost	Category	Year 1	Year 2	Total Costs
	Salary	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Operating Expenses	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Capital	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Total per Year	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Describe how you came up w/the projected cost

Projected Outcomes	

Outcomes that can demonstrate measurable impact, advancement of strategic priorities/goals, and/or return on investment will be given priority

Describe Linkage to Strategic Framework	
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[Strategic Framework website](#)

For Renewed Request Only	Initial projected outcomes have been met.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain below