**Strategic Excellence Funding Request Form**

Name:

Email:

Department/Program:

Account Number:

Amount Requested:

Amount of Matching Funds:

Source of Matching Funds:

Support Staff Contact:

Support Staff Email:

Funds to be expended:

[ ]  Prior to June 30

[ ]  After June 30\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

*\*Submit to April 1 meeting only.*

**Describe your request below (maximum of 300 words):**

**Explain how this request is directly related to the HSS Strategic Plan (maximum 300 words):**

Requested by\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\**Signature*

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_