# ­UCOP supplemental funding request (SFR)

# Proposal form

Complete this form for project and funding approval decisions on SFR proposals. Details on SFR scope, processes and FAQs are available on the Budget & Finance [Department (BFD) website](https://www.ucop.edu/ucop-budget/index.html). Forward completed form and accompanying documentation to your Division Chief of Staff for submission **in advance of the applicable deadline**. If your Division Lead or Chief of Staff is unfamiliar with this proposal, you are responsible for scheduling an appropriate briefing in advance with your Chief of Staff.

|  |  |
| --- | --- |
| **ID#** | **Leave blank for BFD entry.** |
| **Date** | Enter current date. |
| **Fiscal Year** | Enter Starting fiscal year. |
| **Project Name** | Enter project name. |
| **Division COS** | Enter chief of staff’s name. |
| **Executive Sponsor** | Enter executive sponsor’s (division leader) name.  |
| **Project Lead** | Enter project lead’s name. |
| **Resources / Project Team Members** | Enter names of all key members of Project Team. Attach an organization chart showing project team members if more than 3, including existing and proposed FTEs or contractors. |

|  |
| --- |
| **Date Critical / Risk** |
| Note any critical date by which a decision is required and describe associated risks with that date. Explain any requests for expedited and/or out-of-cycle reviews. Enter N/A if not applicable. |

|  |
| --- |
| **Purpose and Solution** |
| Describe the purpose behind this project/initiative. Include what problem is being solved and how this project will solve the problem. Indicate benefits and risks of proposed solution. Please limit narrative portion to no more than 3 paragraphs emphasizing key information for decision-making. |

|  |  |
| --- | --- |
| **Resources** | **Explanation** |
| **Impact on FTEs** | Address project impact on temporary or permanent FTEs / positions. Enter N/A if not applicable. |
| **External Resources**  | Provide rationale for seeking external resources over current internal resources. Enter N/A if not applicable. |
| **Use of Search Firm** | Provide rationale for using a search firm. Enter N/A if not applicable.  |

|  |
| --- |
| **One Time Project Expenditure Funding** |
| In this section, break out expenses by line item for new/additional one-time project costs for each of the next 5 fiscal years. If implementation period extends beyond five years, explain below.* List estimated one-time costs for implementing project, for example: temporary staff and/or consultant, recruitment or training costs, new technology, software upgrades, and one-time meeting or travel costs.
* Do not include existing staff compensation or costs already incurred. Specify costs spent to date, if applicable, in the explanation section.
* These are the expenses to be recognized in a particular fiscal year and may not be aligned with annual cost, i.e. current year may only represent 9 months of expense, or current year + 1 might be only 3 months if the project ends in September.
* SPF funding request should not go beyond “current year + 2”.

  |
|  |
| **Explain Expenses** | Explain each expense listed, including UCOP / Division project costs and Campus / Location project costs. If this proposal intends to replace an existing solution / process, outline current costs of existing solution / process and how quickly it can be phased out. Enter N/A if not applicable.  |
| **Requested Funding Source** |  Select primary funding source from dropdown. |
| **Requested Funding Source 2 (optional)** |  Select secondary funding source from dropdown. |
| **Requested Funding Source Details** | If requested funding source is (1) Within Existing Division Budget: indicate if project is an approved line item; (2) Increase to Division Budget: indicate why project was not included in annual budget process; (3) Strategic Priorities Fund: describe why project cannot be funded with current Division funding; (4) Other Funding Source: provide further details on source and restrictions. Enter N/A if not applicable. |
|  |  |
| **Ongoing Project Operational Expenditures** |
| In this section, break out expenses by line item for new/additional ongoing costs associated with this project. If implementation period extends beyond five years, explain below.* List estimated ongoing costs for implementing the project and resulting from project implementation, for example: new staff needs, technology licensing / maintenance / user fees, ongoing supply costs, and ongoing meeting and/or travel costs.
* Do not include existing staff compensation or costs already incurred. Specify costs spent to date, if applicable, in the explanation section.
* These are the expenses to be recognized in a particular fiscal year and may not be aligned with annual cost, i.e. current year may only represent 9 months of expense.
 |
|  |
| **Explain Expenses** | Explain each expense listed, including UCOP / Division project costs and Campus / Location operational costs. If this proposal intends to replace an existing solution / process, outline current costs of existing solution / process and how quickly it can be phased out. Enter N/A if not applicable.  |
| **Requested Funding Source** | Select primary funding source from dropdown. |
| **Requested Funding Source 2 (optional)**  | Select secondary funding source from dropdown. |
| **Requested Funding Source Details** | Ongoing annual costs are not funded through the SPF. Please provide details where applicable. Enter N/A if not applicable. |

|  |
| --- |
| **Total Project Expenditures** |
|  |

|  |  |
| --- | --- |
| **Key Activities, Timeline and Outputs** |  |
| **Activities** | **Start Date** | **End Date** | **Deliverable/Metric of Success** |
| List key activities and steps required to achieve the project goal. | Enter start date for each key activity/step. | Enter end date for each key activity/step. | List outputs to result from this activity when successfully completed. |
|  |  |  |  |

|  |
| --- |
| **Assumptions** |
| Name processes / events that must happen / “go right” in order for this project to be successful. These are usually outside the project team’s direct control. |

|  |
| --- |
| **Index of Supporting Documentation** |
| List all supporting documentation accompanying this proposal to support the review process, such as the strategic plan goal, project assessment, project review, business plan, or campus materials. Without exception, business plans are required to accompany proposals exceeding either 1 year in length or $1 million. Enter N/A if not applicable. |

|  |  |  |
| --- | --- | --- |
| **Stakeholder Review** | **Reviewed?** | **Details** |
| **Has ITS Reviewed?** | Select Yes or N/A from dropdown | ITS review is required for all software/hardware-related projects. Explain how ITS has been engaged, including dates, participants, and ITS feedback. |
| **Has UC Legal Reviewed?** | Yes or N/A | Explain how UC Legal has been engaged, including dates, participants, and UC Legal feedback. |
| **Has Procurement Reviewed?** | Yes or N/A | Explain how Procurement has been engaged, including dates, participants, and Procurement feedback. |
| **Other Reviews?** | Yes or N/A | Detail any others who have been engaged, including dates, participants, and their feedback. |

Please do not complete the below sections during the submission process. These sections are reserved for ongoing information gathering between reviewers and project team, as needed.

|  |  |
| --- | --- |
| **BFD Team Review – Questions / Comments** |  |
| **Date** | **Questions from BFD** | **Project Team Responses** |
| Enter date. | Enter BFD’s questions / comments. | Enter Project Team responses. |

|  |  |
| --- | --- |
| **Submission Review Team – Questions / Comments** |  |
| **Date** | **Questions from Reviewers** | **Project Team Responses** |
| Enter date. | Enter Submission Review Team’s questions / comments. | Enter Project Team responses. |

|  |
| --- |
| **Submission Review Team – Recommendation** |
| Enter Submission Review Team’s recommendation. |

|  |  |
| --- | --- |
| **Review Committee – Questions / Comments** |  |
| **Date** | **Questions from Reviewers** | **Project Team Responses** |
| Enter date. | Enter Review Committee’s questions / comments. | Enter Project Team responses. |

|  |
| --- |
| **Review Committee – Recommendation** |
| Enter Review Committee’s recommendation. |

|  |
| --- |
| **President’s Determination on SFR Proposal** |
| Summary Recommendation from Review Committee:Include proposal name, brief description, costs, funding source and division. |
|  |  |
| **Select:** |  |
| [ ]  | Approved |
|[ ]  Not Approved |
|[ ]  Approved with the following modifications: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ |
|  | Additional comments:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ |

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Michael V. DrakePresident | Date |