

BUDGET REQUEST DETAIL

UCC-18-031b

Fill in white areas below. Add as many additional lines as needed.

FOR ONE-TIME FUNDING ONLY - MAY REQUEST UP TO 3 YEARS

PERMANENT
FUNDING

| PERSONNEL SALARY DESCRIPTION - TITLE OR ROLE | YEAR 1 AMT | YEAR 2 AMT | YEAR 3 AMT | TOTAL AMT | | BASE REQUEST |
|--|------------|------------|------------|-----------|--|--------------|
| | | | | \$0 | | |
| | | | | \$0 | | |
| | | | | \$0 | | |
| TOTAL PERSONNEL SALARY REQUEST | \$0 | \$0 | \$0 | \$0 | | \$0 |

| TEMPORARY HELP DESCRIPTION -TITLE OR ROLE | YEAR 1 AMT | YEAR 2 AMT | YEAR 3 AMT | TOTAL AMT | | BASE REQUEST |
|---|------------|------------|------------|-----------|--|--------------|
| | | | | \$0 | | |
| | | | | \$0 | | |
| | | | | \$0 | | |
| TOTAL TEMPORARY HELP REQUEST | \$0 | \$0 | \$0 | \$0 | | \$0 |

| FRINGE BENEFITS (SEE BUDGET OFFICE WEBSITE FOR DETAILS) | YEAR 1 AMT | YEAR 2 AMT | YEAR 3 AMT | TOTAL AMT | | BASE REQUEST |
|---|------------|------------|------------|-----------|--|--------------|
| TOTAL STUDENT SALARIES x 0.02 | | | | \$0 | | |
| TOTAL TEMPORARY SALARIES x 0.074 | | | | \$0 | | |
| TOTAL CLASSIFIED SALARIES x 0.409 | | | | \$0 | | |
| TOTAL FACULTY SALARIES x 0.311 | | | | \$0 | | |
| TOTAL FRINGE BENEFITS | \$0 | \$0 | \$0 | \$0 | | \$0 |

| TRAVEL DESCRIPTION | YEAR 1 AMT | YEAR 2 AMT | YEAR 3 AMT | TOTAL AMT | | BASE REQUEST |
|-----------------------------|------------|------------|------------|-----------|--|--------------|
| | | | | \$0 | | |
| | | | | \$0 | | |
| | | | | \$0 | | |
| TOTAL TRAVEL REQUEST | \$0 | \$0 | \$0 | \$0 | | \$0 |

| OPERATING EXPENSES DESCRIPTION | YEAR 1 AMT | YEAR 2 AMT | YEAR 3 AMT | TOTAL AMT | | BASE REQUEST |
|--|------------|------------|------------|-----------|--|--------------|
| | | | | \$0 | | |
| | | | | \$0 | | |
| | | | | \$0 | | |
| TOTAL OPERATING EXPENSE REQUEST | \$0 | \$0 | \$0 | \$0 | | \$0 |

| EQUIPMENT DESCRIPTION | YEAR 1 AMT | YEAR 2 AMT | YEAR 3 AMT | TOTAL AMT | | BASE REQUEST |
|--------------------------------|------------|------------|------------|-----------|--|--------------|
| | | | | \$0 | | |
| | | | | \$0 | | |
| | | | | \$0 | | |
| TOTAL EQUIPMENT REQUEST | \$0 | \$0 | \$0 | \$0 | | \$0 |

| OTHER EXPENSES DESCRIPTION | YEAR 1 AMT | YEAR 2 AMT | YEAR 3 AMT | TOTAL AMT | | BASE REQUEST |
|-------------------------------------|------------|------------|------------|-----------|--|--------------|
| | | | | \$0 | | |
| | | | | \$0 | | |
| | | | | \$0 | | |
| TOTAL OTHER EXPENSES REQUEST | \$0 | \$0 | \$0 | \$0 | | \$0 |
| REQUEST TOTAL | \$0 | \$0 | \$0 | \$0 | | \$0 |

UNIT FUNDING AVAILABLE TO SUPPLEMENT THIS REQUEST (IF ANY)

| Describe the funding and include budget number(s) if available | YEAR 1 AMT | YEAR 2 AMT | YEAR 3 AMT | TOTAL AMT | | BASE REQUEST |
|--|------------|------------|------------|-----------|--|--------------|
| | | | | | | |
| | | | | | | |
| TOTAL SUPPLEMENTAL FUNDS | \$0 | \$0 | \$0 | \$0 | | \$0 |