|  |  |
| --- | --- |
| **Control Point:** |  |
| **Department:** |  |
| 1. Recurring base budget augmentation amount requested: | |
| $ | |
| 2. Briefly describe the intended use of the requested funding. | |
|  | |
| 3. Indicate if the request involves new FTE. If existing, how are current FTE being paid? | |
| |  |  |  |  | | --- | --- | --- | --- | | New FTE |  | Existing FTE | Current Source(s) of Payroll Funding | | # |  | # |  | | |
| 4. Explain why control point reserves are not being used for this program and therefore core resources are being requested. Detailed analysis is required. | |
|  | |
| 5. Other Information (optional); provide any further details or explanation of costs. | |
|  | |
| 6. Attachments: Please indicate if any documentation is included with the submission of this form. | |
|  | |