CONTINGENCY FUND REQUEST FORM

This form is used to request additional funds during the fiscal year including capital, equipment, or operating funds that could not be anticipated and requested through the normal budget or planning process. Requested information includes a summary description, funding request detail, justification and expected accomplishments, ramifications if not funded, alternatives explored, and partial funding effects. Reimbursement of funds already expended will not be considered unless emergency situation exists.

Unit Name: _______________________

Requestor Name: _______________________

Type of Funding:

☐ One Time  Amount Requested: ________________

☐ On-Going  Amount Requested: Year 1: _________  Year 2: ____________

Year 3: ____________  Year 4: ____________

Justification: Please provide a summary description of funding request with details, justification and expected accomplishments, ramifications if not funded, alternatives explored, and partial funding effects. Attach any supporting documentation such as quotes or any other supporting documentation.

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Budget Review Committee: Date:__________

☐ Approved  Amount Approved: ________________

☐ Denied

☐ Modified  Amount Approved: ________________