**ANNUAL FUND PROPOSAL FORM**

|  |  |  |
| --- | --- | --- |
|  | | ASSIGNED REFERENCE: AFP/ |
| Division/Department: | | Annual Fund Category  Student life  Student support  Strategic initiatives.  Teaching and Research excellence.  Academic department. |
| Date: |  | |

Please provide a short description of the proposal below: (*Please provide a one paragraph summary below. You may include further detail of the proposal in an attachment of no more than two sides of A4).*

|  |
| --- |
|  |

|  |
| --- |
| Please confirm that the funds will not be used to:   * Meet directly or indirectly recurrent budget commitments. * Create directly or indirectly recurrent budget commitments. * Fulfil the conditions associated with other gifts or endowments. * Meet costs that can be funded from the uncommitted balances of existing budgets.   And   * confirm that funds will be used within the next 12 months.   Confirmed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Proposed Budget Controller – Head of Division/Dept) |

Please outline how the proposal will benefit the School, students and / or staff. *(Please provide a one paragraph statement below.)*

|  |
| --- |
|  |

**SUMMARY OF RESOURCE REQUIREMENTS**

**Staff Resources required:** (*add additional lines if required)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Job Title | Grade | FTE | Start Date | End Date |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
|  | TOTAL |  |  |  |  |

**Non Staff Resources required**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Cost Type | Forecasted costs | Start Date of spend | End Date of spend |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
|  | TOTAL |  |  |  |

**Confirmation of approval (signed or by attached email)**

**Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pro Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Advancement Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please now forward this form to the Finance Director**.

**FINANCE DIVISION SECTION**

|  |  |  |
| --- | --- | --- |
| Budget to be allocated: | Aptos Code | £ |
|  |  |  |
|  |  |  |
|  |  |  |