

REQUEST FOR ONE-TIME URGENT EMERGING NEEDS

FUNDING APPLICATION

| Phone: 8650 | |
|--|--|
| e _{Position:} Dean | |
| | , 2014 |
| r funds and tell us how this request ties into umber from the Strategic Planning documen | - |
| on and the Pharmacy Technician Certifins be accredited by 2015. We need to sen about 6 months later, the program vitation fee will be an annual cost but the time, | file a report vill undergo |
| SO SEE ATTACHED. | |
| Assessment process for Program Review? | No |
| ¥ | |
| o we have not included requests in Progowith ongoing need. We will place this year as needed. | |
| or in the state of | Date requested to receive funds: April of funds and tell us how this request ties into the strategic Planning documents and the Pharmacy Technician Certifications be accredited by 2015. We need to en about 6 months later, the program vitation fee will be an annual cost but the time, O SEE ATTACHED. Assessment process for Program Review? O we have not included requests in Program with ongoing need. We will place this |



Please provide an itemized budget and indicate funding accounts for which funds should be routed:

| \$2,675 in 01-00-01-5627-0000-5809.00-1221 | |
|---|----------------------|
| I understand that this request is for one-time funding only. | |
| Applicant's Signature: Less Bayes | Date: <u>4-2/-/4</u> |
| Division Dean/Supervisor Approval: | Date: 4 21-4 |
| Applicant's Signature: Sepan Boyan Division Dean/Supervisor Approval: Supervisor Approval: Home Boyan Appropriate Vice President's Approval: Home Boyan | Date: 4/23/14 |
| College Council use only: Recommendation | |
| | tion: |
| ☐ Approve ☐ Deny Amount \$ | |
| Comments: | |
| | |
| President's Approval: | Date: |

we plan to send the initial amount (\$475) in July when we apply. We will need the balance, \$2,200) in January.