

Drake University
FY 2007-08 Budget Development

Strategic Improvement Plans and Budget Request			
Strategic Program Title: _____			
Department: _____			
Submitted by: _____	Date: _____		
1.	BRIEF DISCRIPTION AND RATIONALE for Strategic Improvement Plan Request:		
2.	What are your 3-5 year goals for this strategic improvement plan?		
3.	Objectives:		
4.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">List objectives proposed for next year:</td> <td style="padding: 5px;">What College and/or University Strategic Goals are addressed by SIP?</td> </tr> </table>	List objectives proposed for next year:	What College and/or University Strategic Goals are addressed by SIP?
List objectives proposed for next year:	What College and/or University Strategic Goals are addressed by SIP?		
5.	What are the projected enrollments for the strategic plan, if applicable? (complete appropriate worksheets)		
6.	List new staff needed in priority order: (complete appropriate worksheets)		
7.	List new major equipment required in priority order, >\$500: (complete appropriate worksheets)		
8.	List new operating expenditures in priority order: (complete appropriate worksheets)		
9.	List new/modified facilities needed for capital planning: (complete appropriate worksheets)		
10	How does your plan impact other areas of the University? How does this impact their need for additional resources? Attach documentatiohn.		

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 New Initiative Funding Request Summary

ProForma Statement

Strategic Program Title: _____

Department: _____

Submitted by: _____

Date: _____

Rationale:

Information which follows is created by Excel calculation from subsequent worksheets in this template.

Budget Impact:

Revenues

Tuition	\$	-	
Fees	\$	-	
Other Revenue	\$	-	
Gross Revenue	\$	-	
<hr/>			
Less: scholarships/discounts	\$	-	
Net Revenues			\$ -

Expenditures

Full-time Salaries:			
Base Salary Full-time faculty	\$	-	
Base Salary Full-time staff	\$	-	
Part-time Salaries:			
Base Salary PT-Faculty	\$	-	
Base Salary PT Staff	\$	-	
Base Salary Students	\$	-	
Benefits @ University rate--Full-time	\$	-	
Benefits @ University rate--Part-time			
Sub-total Personnel Expense	\$	-	
Operating Expenses:	\$	-	
Equipment Expense:	\$	-	
Capital Expenditures:	\$	-	
Total Expenses			\$ -
Net Operating Surplus/Deficit			\$ -

This funding request has been shared with my manager, department chair, Dean and/or Vice President. I am submitting this proposal at this time for further review as part of the budget process for 2007-08. I understand this submission is not an inherent approval for funding.

Submitted by: _____

Date: _____

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 New Initiative Funding Request Summary

Enrollment, Revenues and Fees													
Strategic Program Title:													
Department:													
Submitted by:	Date:												
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Number of Students</td> <td style="width: 50%; text-align: right;">1 (enter no. students In Cell F16)</td> </tr> <tr> <td>Tuition Rate</td> <td style="text-align: right;">(enter \$rate in Cell F18)</td> </tr> <tr> <td style="text-align: right;">sub-total Tuition Revenue</td> <td style="text-align: right; border-top: 1px solid black;">\$0</td> </tr> <tr> <td colspan="2" style="padding-top: 20px;">Fees:</td> </tr> <tr> <td style="padding-left: 20px;">Enter Description of Fee type</td> <td style="text-align: right; vertical-align: bottom;">Enter Amount inCells F25-F40</td> </tr> <tr> <td style="text-align: right; padding-top: 20px;">sub-total Fee Revenue</td> <td style="text-align: right; border-top: 1px solid black; padding-top: 20px;">\$0</td> </tr> </table>		Number of Students	1 (enter no. students In Cell F16)	Tuition Rate	(enter \$rate in Cell F18)	sub-total Tuition Revenue	\$0	Fees:		Enter Description of Fee type	Enter Amount inCells F25-F40	sub-total Fee Revenue	\$0
Number of Students	1 (enter no. students In Cell F16)												
Tuition Rate	(enter \$rate in Cell F18)												
sub-total Tuition Revenue	\$0												
Fees:													
Enter Description of Fee type	Enter Amount inCells F25-F40												
sub-total Fee Revenue	\$0												

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Other Revenue Projections				
Strategic Program Title: _____				
Department: _____				
Submitted by: _____				
Enter organization name, number, account code, brief description of revenue and projected amount.				
Organization Name	Org Number	Account Code	Revenue Description	Amount
				enter amt in cell g15 through g34
			Total revenue Requested	_____ \$0

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 FY 2007-08 Budget Development
 New Initiative Funding Request Summary

Scholarships and/or Discounts

Strategic Program Title:

Department:

Submitted by:

Date:

Number of Students (enter no. students In Cell F16)

Tuition Discount (enter \$rate in Cell F18)

sub-total discount \$0

Fees:

Enter Description of Scholarship

Enter Amount inCells F25-F40

sub-total Scholarship \$0

Total Discount and Scholarships \$0

Drake University
 FY 2007-08 Budget Development
 New Initiative Funding Request Summary

Full-time Faculty and Staff Request					
Strategic Program Title: _____					
Department:					
Submitted by:					
Enter organization number, position title, number of positions (FTE) and salary expense					
Organization Number	Position Title	FTE		Amount	
	Total Full-Time Faculty Positions				enter amt in cell g15 through g24
	Total FT Faculty			\$0	
	Total Full-Time Staff Positions				enter \$amt in cellg27 through g36
	Total FT Staff			\$0	
	Fringe Benefits this field is calculated--do not enter any information				
	Full-time faculty			\$0	
	Full-time staff			\$0	
	Calculated Benefits Expense Full-Time			\$0	

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 FY 2007-08 Budget Development
 New Initiative Funding Request Summary

Part-Time Faculty and Staff Requests					
Strategic Program Title:					
Department:					
Submitted by:					
Enter organization number, position title, number of positions (FTE) and salary expense					
Organization Number	Position Title	FTE		Amount	
	Total Part-Time Faculty Positions				enter amt in cell g15 through g19
	Total PT Faculty			\$0	
	Total Part-Time Staff Positions				enter \$amt in cellg22 through g25
	Total PT Staff			\$0	
	Total Student Wages				enter \$amt in cellg28 through g34
	Total Students			\$0	
	Fringe Benefits this field is calculated--do not enter any information				
	pt-time faculty			\$0	
	pt-time staff			\$0	
	Calculated Benefits Expense PT-Time			\$0	

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Operating Expenditure Requests					
Strategic Program Title:					
Department:					
Submitted by:					
Enter organization number, operating expense description and requested amount for each expense category					
Organization Number		Operating Expenditure Description		Amount	
					enter amt in cell E15 through E40
		Total Operating Request		\$0	

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Equipment Requests					
Strategic Program Title:					
Department:					
Submitted by:					
Enter organization number, equipment description and requested amount for expense					
Organization Number	Equipment Description	Replacement or New	Quantity	Amount	
					enter amt in cell F15 through F40
				Total Equipment Request	\$0

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 New Initiative Funding Request Summary

Capital Facilities, Fixtures and Construction Requests					
Strategic Program Title:					
Department:					
Submitted by:					
Enter organization number, description of construction/modification expenditure request and expense amount					
Organization Number		Capital Expenditure Description		Amount	
					enter amt in cell E15 through E40
		Total Capital Request		\$0	

Drake University
FY 2006-07 Budget Development
New Initiative Funding Request Summary

Strategic Program Title:	Director of Special Events & Group Sales
Department:	Athletics
Submitted by:	Brad Bross

use this worksheet to list any other comments, notes
or additional narrative needed.