Basic Skills Funds Request Form

Please print clearly or type

Full Name: _____ **Title**: _____

Email: _____ **Phone**: _____

1. Describe clearly and in detail the reason for fund request from the Basic Skills funds (attach another page, if needed).

2. Explain how this request ties to the Basic Skills action plan.

3. Have you tried searching for alternative funding? If so describe your results and provide contact information of the person you talked to (attach another page, if needed).

Describe anticipated expenses (attach another page if necessary)

Quantity	Description	Unit Price	Total
	Grand Total of Expenses		

I understand that if granted, Basic Skills funds can only be used for Basic Skills students and to benefit the Basic Skills program.

Signature:_____ Date: _____

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Official Use Only

BSI Task Force Review Date: _____ For___ Against___ Abstain ___ Amount Approved: $_____

BSI Coordinator signature:_____ Date:_____

Dean(S) Signature: _____ Date:_____