

# FY2016 PROGRAM ENHANCEMENT REQUEST FORM



Department Priority: 1 of 1

Department:

Division:

Great Plains Dept #:

Title:

Purpose: Use this form to spell out your request for additional personnel and/or programs. We will work with you to tally the requests and create a prioritized list.

## REQUESTED PROGRAM IMPROVEMENT FUNDING

Acct. Code	Acct. Description	One-Time Cost (FY16 Only)	Ongoing Annual Cost (FY16 & Future)	TOTAL FY16 Request
<b>Compensation</b>				
_____	_____			\$0
_____	_____			\$0
<b>Benefits</b>				
_____	_____			\$0
<b>Expenses</b>				
_____	_____			\$0
_____	_____			\$0
_____	_____			\$0
_____	_____			\$0
<b>TOTAL</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## PURPOSE / DESCRIPTION OF REQUEST

## SERVICE IMPLICATION

### Instructions for completing Program Improvement Request Forms

1. **SAVE FILE** – Before entering data into this form, make sure to save it with a unique filename within your department. Please save each supplemental request form as a separate document.
2. **ENTER DATA IN BOX 1** – Fill in the departmental and accounting information in the spaces provided. Also, provide a descriptive name for the supplemental request with which it can be identified from a list of all requests. If your department is submitting more than one request, note the priority of this request out of all departmental requests.
3. **ENTER DATA IN BOX 2 (Requested Program Improvement Funding)** – Identify all costs of the request by object code and enter them into the appropriate boxes. Please try to put in the appropriate object code and type of compensation or expense according to the new chart of accounts.
  - If the costs of the request will be one-time only and discontinued after FY2016, enter the cost figures in the *One-Time Cost* column.
  - If the costs will be ongoing, requiring funding in FY2016 and years following, enter the cost figures in the *Ongoing Annual Cost* column.
  - Some requests may include both one-time and ongoing costs. If so, note the type of cost in the appropriate column.
  - No row should have data entered in both the *One-Time Cost* and *Ongoing Annual Cost Columns*.
  - The *TOTAL* row and column will automatically calculate the sum of the data entered.
4. **ENTER TEXT IN BOX 3 (Purpose/Description of Request)** – Use the space provided to describe the purpose of the request.
5. **ENTER TEXT IN BOX 4 (Service Implication)** – Use the space provided to describe how the request, if approved, would effect the service level of that particular department, program, and/or element.
6. **TO PRINT THE FORM** – The worksheet is already formatted to print only the form if you would like to print out a copy. Simply click the print icon or click File > Print > OK.