

Northern Kentucky University Annual Budget Process
Proposals for Allocation of Recurring and Non-Recurring Funds

Form A

Vice Presidential Area: _____

Please rank proposals in priority order. Each request should be informed by an attached Narrative Proposal for Allocation of Recurring and Non-Recurring Funds (Form B.)

The "Other Sources of Funding" column should be used to identify funding sources such as departmental chargebacks. The specific sources should be identified in the summary description.
(Note: Shaded areas represent protected worksheet cells.)

| Short Title: | Category | Recurring Funds Request | Less Area Reallocation | Less Other Sources of Funding | Total Recurring Funds Request | Non-Recurring Funds Request | Less Area Reallocation | Less Other Sources of Funding | Total Non-Recurring Funds Request | Total Funding Request |
|---|---|-------------------------|------------------------|-------------------------------|-------------------------------|-----------------------------|------------------------|-------------------------------|-----------------------------------|-----------------------|
| Priority Ranking: | of Expenditure | | | | | | | | | |
| Summary Description: (of detail provided on form B) | | | | | | | | | | |
| | a. Position, Regular | | | | 0 | | | | 0 | 0 |
| | b. Position, Temporary | | | | 0 | | | | 0 | 0 |
| | c. Special Payroll | | | | 0 | | | | 0 | 0 |
| | d. Fringe Benefits | | | | 0 | | | | 0 | 0 |
| | e. Subtotal Personnel Request (a+b+c+d) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | f. Operating Funds | | | | 0 | | | | 0 | 0 |
| | g. Equipment | | | | 0 | | | | 0 | 0 |
| | h. TOTAL (e+f+g) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Short Title: | Category | Recurring Funds Request | Less Area Reallocation | Less Other Sources of Funding | Total Recurring Funds Request | Non-Recurring Funds Request | Less Area Reallocation | Less Other Sources of Funding | Total Non-Recurring Funds Request | Total Funding Request |
|---|---|-------------------------|------------------------|-------------------------------|-------------------------------|-----------------------------|------------------------|-------------------------------|-----------------------------------|-----------------------|
| Priority Ranking: | of Expenditure | | | | | | | | | |
| Summary Description: (of detail provided on form B) | | | | | | | | | | |
| | a. Position, Regular | | | | 0 | | | | 0.00 | 0.00 |
| | b. Position, Temporary | | | | 0 | | | | 0 | 0 |
| | c. Special Payroll | | | | 0 | | | | 0 | 0 |
| | d. Fringe Benefits | | | | 0 | | | | 0 | 0 |
| | e. Subtotal Personnel Request (a+b+c+d) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | f. Operating Funds | | | | 0 | | | | 0 | 0 |
| | g. Equipment | | | | 0 | | | | 0 | 0 |
| | h. TOTAL (e+f+g) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |