

**STUDENT FEE ADVISORY COMMITTEE**  
**One-Time Request Funding Application**

**CONTACT INFORMATION**

Name	
Department/Organization	
Phone	
E-mail	
Date	

**REQUESTED ITEM**

Brief Description	
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Detailed Description (name, model, quotes from vendor, etc)	
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Reason for initiating request (you may check more than one box)?	<input type="checkbox"/> Health and safety requirement <input type="checkbox"/> Legal requirement <input type="checkbox"/> Interest of enhancing diversity <input type="checkbox"/> Reach out to as many students as possible <input type="checkbox"/> Necessary function of the department Additional Comments:
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*If submitting more than one request, please rank in order of importance (1 as highest priority)	
Logic or reasoning used to justify priority of request?	

**FUNDING INFORMATION**

Total cost of item?	
Is item a deferred maintenance request?	
Would your department be able to match funds if the request is approved?	
If so, how much?	
Do you have a reserve account?	
If yes, what is the account number and balance?	
Can your reserve cover this expense?	
Annual Permanent budget of all funds?	
Carry Forward?	
Have you tried alternative funding sources? If so, what sources?	

Additional Comments	

\*Once completed, return to [Jaynepatterson@ucsb.edu](mailto:Jaynepatterson@ucsb.edu)