FFY19 BFET Funding Survey - Fall

Hello,

Please complete this funding survey by Wednesday, August 28, 2019.

If you will not be able to meet the deadline, please contact jdellinger@sbctc.edu immediately.

It is very important for us ensure the system fully expends all BFET funds. We always encourage the return of funds sooner in the FFY rather than later. Your current billing status will be taken into consideration for all requests. Please submit a response, even if you are not returning funds or requesting additional funds. We must receive a response from every college before we process requests.

Please take some time to evaluate your BFET budget to determine if there are adjustments that need to be made. You will be asked to provide specific amounts and a short detailed narrative of each budget category you are requesting/returning funds from. Please make sure you are using the 50% allowable reimbursement amounts.

NOTE for all funding surveys: We do our best to fulfill your requests (for additional funds or to return funds), but there will be times when this is not possible. Our funding and redistribution decisions are bound by system-wide need and availability of funds. Consideration of requested funds is given to those with immediate need. Please let us know your funding needs through these quarterly surveys, but keep in mind there is no guarantee we will be able to award additional funds or accept the return of funds.

A copy of your response will be emailed to the address you provide. Please let us know if you have any questions.

Program Questions:
Jennifer Dellinger
jdellinger@sbctc.edu
360.704.3925

Invoicing and Budget Questions:
Susan Wanager
swanager@sbctc.edu
360.704.4344

Survey Technical Assistance:
Dylan Jilek
djilek@sbctc.edu
360.704.1021

* Required

1. **Email address** *

   _____

2. **Name (first and last):** *

   _____

3. **Phone number:** *

   _____

4. **Institution Name** *

_____

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Section 1: Request for 100% Funds

Depending on your answer to the following question you will be directed to answer questions that are in the correlating section of your funding needs.

5. **Will you be requesting 100% funds?** *

   Mark only one oval.

   ( ) Yes   *Skip to question 5.*

   ( ) No   *Skip to question 10.*

Request for 100% Fund Details

6. **What is the total amount of 100% funds you are requesting?** *

   _____

7. **Salary and Wages** *

   Enter in the total amount you are requesting along with a short specific justification of the request. If you are not requesting funds for this category please enter 0.

   _____

8. **Employee Benefits** *

   Enter in the total amount you are requesting along with a short specific justification of the request. If you are not requesting funds for this category please enter 0.

   _____

9. **Goods and Services** *

   Enter in the total amount you are requesting along with a short specific justification of the request. If you are not requesting funds for this category please enter 0.

   _____

10. **Travel** *

Enter in the total amount you are requesting along
with a short specific justification of the request. If
you are not requesting funds for this category
please enter 0.

_____

Section 2: Request to Return 100% Funds

Depending on your answer to the following question you will be directed to answer questions that are in
the correlating section of your funding needs.

11. **Will you be requesting to return 100% funds?** *

Mark only one oval.

( ) Yes   *Skip to question 11.*

( ) No   *Skip to question 16.*

Request to Return 100% Funds Details

12. **What is the total amount of General Funds you
are returning?** *

_____

13. **Salary and Wages** *

If you are not requesting to return funds for this
category please enter 0.

_____

14. **Employee Benefits** *

If you are not requesting to return funds for this
category please enter 0.

_____

15. **Goods and Services** *

If you are not requesting to return funds for this
category please enter 0.

_____

16. **Travel** *

If you are not requesting to return funds for this
category please enter 0.

_____

Section 3: Request to Return Funds

Returning funds earlier in the year helps us meet the needs of our students throughout the system. This
section is for returning both General and Participant Reimbursement funds. Please indicate in the
appropriate section the total amount of funds you are requesting to return. If none then please put in a
zero amount.

17. **Will you be returning 50/50 funds?** *

Depending on your answer to this question you will be directed to answer questions that are in the correlating section of your funding needs.
Mark only one oval.

   ◯   Yes   *Skip to question 17.*

   ◯   No   *Skip to question 25.*

Request to Return Funds Details

Returning funds earlier in the year helps us meet the needs of our students throughout the system. This section is for returning both General and Participant Reimbursement funds. Please indicate in the appropriate section the total amount of funds you are requesting to return. If none then please put in a zero amount.

18. **What is the total amount of General Funds you are returning?** *

Enter 0 if you are not returning funds.

_____

19. **Salary and Wages** *

Enter 0 if you are not returning funds for this category.

_____

20. **Employee Benefits** *

Enter 0 if you are not returning funds for this category.

_____

21. **Goods and Services** *

Enter 0 if you are not returning funds for this category.

_____

22. **Travel** *

Enter 0 if you are not returning funds for this category.

_____

23. **Indirect** *

Enter 0 if you are not returning funds for this category.

_____

24. **Tuition** *

Enter 0 if you are not returning funds for this category.

_____

25. **What is the total amount of Participant Reimbursement Funds you are returning?** *

    Enter 0 if you are not returning funds for this category.

    _____

Section 4: Request for Funds (50/50)

This section is for requesting both General and Participant Reimbursement BFET funds. Consideration for requests are given to those with immediate need. Please be as specific as possible with your request. Your survey will be returned to you if not completely filled out.

26. **Will you be requesting 50/50 funds?** *

    Depending on your answer to this question you will be directed to answer questions that are in the correlating section of your funding needs.
    Mark only one oval.

    ( ) Yes

    ( ) No   *Skip to "Thank you!."*

Request for Funds (50/50) Details

This section is for requesting both General and Participant Reimbursement BFET funds. Consideration for requests are given to those with immediate need. Please be as specific as possible with your request. Your survey will be returned to you if not completely filled out.

27. **What is the total amount of General Funds you are requesting?** *

    Enter in the total amount you are requesting. Below you will enter in amounts along with short specific justifications for each item. DO NOT INCLUDE PRs in this amount. Enter 0 if you are not requesting funds.

    _____

    _____

    _____

    _____

    _____

50/50 Funds

For each budget category below, identify the portion of your total request by specific dollar amount. Please be as specific as possible and describe how the funds will be used. If none, then please put in a zero amount. The more information you provide, the faster we can process requests.

28. **Salary and Wages amount requested:** *

    Enter in the total amount you are requesting along with a short specific justification of the request. Enter 0 if you are not requesting funds.

    _____

    _____

    _____

    _____

29. **Employee and Benefits amount requested:** *

Enter in the total amount you are requesting along with a short specific justification of the request. Enter 0 if you are not requesting funds.

_____

_____

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_____

_____

30. **Goods and Services amount requested:** *

Enter in the total amount you are requesting along with a short specific justification of the request. Enter 0 if you are not requesting funds.

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31. **Travel amount requested:** *

Enter in the total amount you are requesting along with a short specific justification of the request. Enter 0 if you are not requesting funds.

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32. **Indirect amount requested:** *

Enter in the total amount you are requesting along with a short specific justification of the request. Enter 0 if you are not requesting funds.

_____

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33. **Tuition amount requested:** *

Enter in the total amount you are requesting along with a short specific justification of the request.
Enter 0 if you are not requesting funds.

_____

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_____

_____

34. **What Quarter is this Tuition request for?** *

Mark only one oval.

◯ Summer (current quarter)

◯ Fall

◯ N/A - I am not requesting additional funds

35. **Will this funding allow you to serve current students or additional students?** *

Mark only one oval.

◯ Current

◯ Additional

◯ N/A - I am not requesting additional funds

36. **If the request for funds will allow you to serve additional students please tell us how many and in what capacity.** *

Enter in N/A if you selected the current option in the previous question or are not requesting additional funds.

_____

_____

_____

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_____

37. **What is the total amount of Participant Reimbursement Funds you are requesting?** *

Enter in the total amount you are requesting. Enter 0 if you are not requesting Participant Reimbursements.

_____

38. **What quarter is this Participant Reimbursement request for?** *

Mark only one oval.

◯ Summer (current)

◯ Fall

◯ N/A - I am not requsting additional funds

39. **Will this funding allow you to serve current students or additional students? ***

    Mark only one oval.

    ◯ Current

    ◯ Additional

    ◯ N/A - I am not requesting additional funds

40. **If the request for funds will allow you to serve additional students please tell us how many and in what capacity. ***

    Enter in N/A if you selected the current option in the previous question or are not requesting additional funds.

    _____

    _____

    _____

    _____

    _____

41. **If you are requesting Participant Reimbursement Funds, please provide a short specific justification for the request. Include type of supports (books, housing etc.). Enter 0 if you are not requesting funds. ***

    _____

    _____

    _____

    _____

    _____

Thank you!

A copy of your responses will be emailed to the address you provided. By completing this survey, you help ensure that funds are returned and reallocated in order to maximize funding to serve BFET students.

NOTE: Completing this survey does not constitute the submission of a formal budget revision. Upon final approval, the SBCTC will adjust amounts in OBIS and notify your grants person of any budget revisions needed. Also note, for all funding surveys: We do our best to fulfill your requests (for additional funds or to return funds), but there will be times when this is not possible. Our funding and redistribution decisions are bound by system-wide need and availability of funds. Please let us know your funding needs through these quarterly surveys, but keep in mind there is no guarantee we will be able to award additional funds or accept the return of funds.

Please let us know if you have any questions.

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