

**2019-20 (FY20) Opportunity Grant**

**Additional Funds Request / Return of Funds**

|  |  |
| --- | --- |
| **College:**  |  |
| **Contact Person:** |  |
| **Phone:** |  | **Email:** |  |
| **Additional FTE Requested for 2019-20 (1 FTES Maximum):**  |
| **Amount to be Returned (in dollars):** |
| **Comments:** |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Director or Dean Date**

Return electronically to hnguyen@sbctc.edu

