# http://brand.uconn.edu/wp-content/uploads/sites/1060/2014/12/uconn-blue-stacked.jpg

# Request for New Initiative

**Date of Request:** *[Select Date]*  
**Requestor:** *Name and Title of Requestor* **Requestor Department Name:** *Click here to enter text* **Initiative Name:** *Click here to enter text*

## Summary and Rationale for Proposal

* **What are the benefits or efficiencies to be gained?**
* **What area(s) will benefit?**
* **Will the initiative generate revenue? Over what time period?**
* **What is the impact to the University if proposal is not approved?**
* **What are the required changes to operations or policies?**

*Click here to enter text*

## Funding Request and Budget

* **How much is being requested to support this initiative?**
* **Is your request for permanent or one time funding?**
* **How much of the initiative’s cost will be supported by existing budget from within the requesting unit?**
* **If the funding request is a loan, what is the expected payback period?**
* **What are the changes in FTE employee count?**

*Click here to enter text*

## Savings and Measurement of Success

* **What is the value of the savings or efficiencies this initiative will create?**
* **How long will it take to achieve such savings or efficiencies?**
* **What metrics do you propose that will measure the movement toward success?**

*Click here to enter text*

## Timeline for Implementation

* **What is the timeline for implementation?**

*Click here to enter text*

## Current and Proposed Organizational Charts

* **Please attach drafts of current and proposed organizational charts that specify proposed changes, if applicable.**

## Any other info pertinent to request

*Click here to enter text*

**I authorize this new initiative as described above:**

|  |  |  |
| --- | --- | --- |
| Name | Signature | Date |
| *Department Head* |  | *[Select Date]* |

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# Authority to Proceed

This request is approved as described above.

More information is required before approving or denying this request.

This request is denied.

|  |  |  |
| --- | --- | --- |
| Name | Signature | Date |
| *Dean/AVP* |  | *[Select Date]* |
| *Budget Office* |  | *[Select Date]* |
| *Executive Level* |  | *[Select Date]* |

Comments: