**REQUEST FOR DECISION**

**RFD Title/Project Name:**

|  |
| --- |
|  |

**Phase: (Planning/Execution)**

**Budget:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Capital Costs** | **Operating Costs** | **Total** |
| Up-front/Initial: | $ | $ | $ |
| On-going: | $ | $ | $ |
|  |  |  | $ |

**Responsible Centre/Program/Department:**

|  |
| --- |
|  |

**Initiator/Contact Name:**

|  |
| --- |
|  |

**Contact Telephone and Email:**

|  |  |
| --- | --- |
| 403-XXX-XXXX | <name>@lethbridgecollege.ca |

**Funding Source Requested :**  **Approval Required**

|  |  |
| --- | --- |
| [ ] **Institutional Surplus** | **ELT** |
| [ ] **Annual Budget Request** | **ELT** |
| [ ] **Endowment** | **CLC - Development**  |
| [ ] **External Source** | **CLC**  |
| [ ] **Project and Opportunities** | **ELT**  |

**Alignment with Lethbridge College’s Strategic Framework:** *(check all that apply and add a description how this request fits with the 6 priorities for 2022-2023)*

[ ] 1. Optimize domestic and international enrollment with a goal of 5,000 full-load equivalent (FLE) students by 2025

[ ] 2. Grow our applied research activities to $10 million in revenue and a top 10 ranking in Canada by 2025

[ ] 3. Implement the LC Cares: Stronger Together health and wellness strategy

[ ] 4. Implement the Niitsitapi: Coming Together in a Holistic Way strategy

[ ] 5. Facilitate and develop the growth of LC Extension

[ ] 6. Implement recommendations from the Support Services Operational Review

**Identify Organizational Value:**

|  |
| --- |
| *(Insert Description Here)* |

**Project Description (Business Case):**

1. Business Need: (*Identify the problem or opportunity in a concise well-structured statement)*
2. Current Situation:
3. Requirements:
4. Expected Outcomes:

**Other Details:**

1. Is this request tied to another RFD submission (e.g. staffing)?

[ ] Yes [ ] No

* 1. If yes, identify:
1. Is this on your five-year asset plan?

[ ] Yes *(please attach)* [ ] No

1. Estimated implementation start/purchase date: year/month/date
	1. Estimated completion date: year/month/date
	2. Useful life of initiative: year/month/date
2. Equipment/software/renovations location: Campus: \_\_\_\_\_ Room: \_\_\_\_\_

**Who is primarily impacted?**

[ ] Students

[ ] Staff

[ ] Partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are there any other supporting sources of funding? If yes, identify who and how much:**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Telephone/Email:** | **Amount:** |
| Example: Joe Smith | 403-123-4567joe.smith@gmail.com | $50,000 |
|  |  |  |
|  |  |  |
|  |  |  |

**Risk Evaluation:**

|  |  |  |  |
| --- | --- | --- | --- |
| High | Moderate | Modest | Low |
| *(Circle one based upon Risk Assessment Tool)* |

**Assumptions and Financial Details:**

|  |
| --- |
| *See attached financial appendix* |

**Signatures:**

|  |  |  |
| --- | --- | --- |
|  | **Signature:** | **Date:** |
| Initiator |  |  |
| Business Analyst Review |  |  |
| Responsible CLC Member |  |  |
| Facilities Management Review (Where appropriate) |  |  |
| ITS Review(Where appropriate) |  |  |
| Risk Assessment(Where Appropriate) |  |  |
| Final Signoff: CFO (With ELT input) |  |  |

**Approval:**

|  |
| --- |
| **Finance use only:** |
| Approval Amount | $ |
| Funding GL Code |  |
| Approval Date |  |
| Source of Funding  |  |

|  |
| --- |
| **Development Office use only:** |
| Fund Development Amount to be Raised | $ |
| Estimated Timeframe |  |
| Approval Date |  |

|  |  |  |
| --- | --- | --- |
| **Projected Funding Source committee use only** **Summary:** | **Projected** | **Secured** |
| Institutional/Lethbridge College  | $ | $ |
| Projects and Opportunities Budget1 [ ] Renovation Account[ ] Project Planning Account[ ] ITS Account[ ] Program Development Account[ ] Innovation Account[ ] Emergency Account | $ | $ |
| Government Funding | $ | $ |
| Other (e.g. NSERC) | $ | $ |
| Philanthropic/Fundraising Request2 | $ | $ |
| Total | $ | $ |

1Select one. Please refer to Project and Opportunities Procedural Guideline

2If the project plan is approved, the Development Office will initiate the fundraising process. Allow up to 6-18 months for new funding to be secured.