**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 | 403-123-4567  joe.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.