ORED
Office of Research & Economic Development

VICE CHANCELLOR FOR RESEARCH FUNDING REQUEST FORM

The Vice Chancellor Request Form is for requesting an augmentation to a specified budget.

INSTRUCTIONS: Complete form, obtain signature approvals from all contributing requestors, and attach any relevant details. Requestor should submit the completed form as an email attachment to: abanda@ucmerced.edu.

		Date:	
Requestor:		**Email Address:**	
Administrative/ Financial Contact:	**Name:**		
	Email Address:		
Project Title:			
Business Need:			
Request Amount:	$		
Duration of Funding Commitment:	**One – Time:** ☐	Funding to be given for a one-time allocation	
	Annual: ☐	Funding to be ongoing for specific duration. If annually, please include commitment period below. ☐ FY23 ☐ FY24 ☐ FY25 ☐ FY26	

TO BE COMPLETED BY OFFICE OF RESEARCH

APPROVE	**VCR/DESIGNEE SIGNATURE:**			
	DIRECTOR OF OPS SIGNATURE:			
Approved Amount:	$	**Approved Duration:**	☐ One Time	☐ Annual

Approved Funding Source (to be allocated to Requestor)

☐ DISCRETIONARY (19900) ☐ DISCRETIONARY (19933) ☐ IDCR (19931) ☐ IDCR COSTSHARE (19933)

Additional Comments:	
DENY (JUSTIFICATION)	