



VICE CHANCELLOR FOR RESEARCH FUNDING REQUEST FORM

The Vice-Chancellor for Research Funding Request Form is to be utilized when requesting an augmentation to a specified budget.

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

		Date:	
Contact Information (Name & Email)	Requestor:		
	Financial Officer:		
Project Title:			
Business Need:			
Has this request been made of another unit, i.e., Dean, VC, Provost? What was the outcome?			
Request Amount:	\$		
Duration of Funding Commitment:	One-Time:	Funding is to be given for a one-time allocation	
	Annual:	Funding is to be ongoing for a specific duration. If annually, please include the commitment period below. FY26 FY27 FY28 FY29	

TO BE COMPLETED BY THE 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 COST-SHARE (19933)
Additional Comments:			
DENY (JUSTIFICATION)			