

FY 2007- FY2011 CAPITAL FUNDS REQUEST FOR FACILITIES Form B

1. ADDITIONAL ANNUAL OPERATING COST/SAINGS.
(Check whether reporting cost or savings.)

COSTS SAVINGS NO CHANGE

2.

TOTAL ADDITIONAL OPERATING COST/SAVINGS				
Projected Financing Sources				
(1)	(2)	(3)	(4)	(5)
Fiscal Year	Departmental Funds	Institutional Funds	Other	Total
2006-07				\$
2007-08				\$
2008-09				\$
2009-10				\$
2010-11				\$

3. If "other" sources are reported in Column 4 Above, itemize and specify what the other sources are (revenue, fees, etc.).

4. Will the additional costs be absorbed into your existing budget? If no, how will additional funds be provided. YES NO

5. Itemize below the cost factors that contribute to the total costs or savings reported in Column for the first fiscal year.

	<u>COST FACTORS</u>	<u>AMOUNT</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____