

Request for Internal Bank Financing

Requesting College/Unit: _____ Date: _____

Project Name: _____ Total Project Cost: _____

Unit Leader, Title: _____

Unit Fiscal Officer, Title: _____

Project Overview

Project Description Please provide a full description of the project and its intended function/purpose. If an equipment financing lease, identify the equipment/asset being financed and describe its function(s)/purpose(s).

Alignment with University Mission, Values and Goals Please explain how project aligns with the University's mission, values, and goals.

Operational Impact Please describe the operational impact this project will have on your department/unit. Include projected annual changes in revenues and expenses and identify associated risks and/or opportunities.

Financial Risk Mitigation and Enabling Project(s) Identify financial risks associated with the project and discuss planned mitigation measures for each identified risk. Also, please identify any enabling project(s).



Project Funding Please provide the total project cost by funding source.			
Total Project Cost:			
<u>Source</u>	<u>Amount</u>	<u>Source</u>	<u>Amount</u>
State Funding		Debt/Loan	
Unit Cash		OSEP	
Donors/Fundraising		Other: _____	

Loan Information

Loan Details		
Loan Type (select one):		
Standard Loan	Cash Flow 'Gap' Loan	Equipment Financing Lease
Loan Amount:	Requested Term (years):	Projected Funding Date:

Repayment/Security Details		
Source of Repayment (select all that apply):	Repayment FDM Values:	Guarantee/Backstop:
General Funds	Cost Center:	Cost Center:
Earnings Funds	Balancing Unit:	Balancing Unit:
Project Revenue	Fund:	Fund:
Other (identify): _____	Program (if applicable):	Program (if applicable):
	Gift (if applicable):	Gift (if applicable):

Requested Attachments	
Capital Project Loan: Attached	Equipment Lease: Attached
1) Supporting Business Plan	1) Supporting Business Plan
2) Balance Sheet and Income Statement for preceding fiscal year, if available	2) Vendor/External Financing Agreement

By signing below, you certify that the information provided on and in connection with this form is true and accurate to the best of your knowledge.

Unit Leader Name (Print): _____

Unit Leader Signature: _____ Date: _____

Unit Fiscal Officer Name (Print): _____

Unit Fiscal Officer Signature: _____ Date: _____