CARES/CRRSAA Funds Request Form

Montana Western has received funds from the Higher Education Emergency Relief Fund (HEERF). These funds are being distributed through either the federal CARES or CRRSAA Acts and must be expended by December 31, 2021. They have been provided to help "cover any costs associated with significant changes to the delivery of instruction due to the coronavirus so long as such costs do not include payment to contractors for the provision of pre-enrollment recruitment activities, including marketing and advertising; endowments; or capital outlays associated with facilities...." For more information on specific uses of these funds please refer to the <u>Office of Postsecondary Education's FAQ</u> (https://www2.ed.gov/about/offices/list/ope/heerffaqsoct2020rollup.pdf).

Please complete this request form if your department has identified an appropriate use of these funds. For any expense under \$5,000 you only need to obtain authorization through the appropriate Chancellor/Vice Chancellor. The Chancellor's Cabinet will serve as the prioritization committee for all purchases \$5,000 or greater. <u>All expenditures of these funds must have this accompanying form for reporting/tracking purposes</u>. Please submit this form to Debi Richardson at Debra.Richardson1@umwestern.edu once all signatures/authorizations have been obtained.

Cabinet will start reviewing requests in their February 25th meeting. To ensure consideration and funding availability, please submit your form no later than 5pm on February 22nd. Further requests will be evaluated during future Cabinet meetings as long as funds remain available.

Name:	
Department:	
Category of expense:	
Technology:	
Disinfecting/Cleaning:	
PPE/Security:	
Communication/Signage:	
Training:	
Space modification:	
Furniture:	
Education Support:	

Description:

Other Mitigation

Estimated Cost: _____

Additional Comments: Please use this space to describe how this project will address both immediate needs, and how it may have a lasting impact. If this request will have an associated expense that will continue beyond December 31, 2021, please address in your description.

Signatures/Authorization:

Individual making request

Approval (Chancellor/Vice Chancellor)

If total expense will be \$5,000 or greater, additional approval is required. Please submit this form, after obtaining Chancellor/Vice Chancellor approval to Hillary Lowell (hillary.lowell@umwestern.edu) for consideration by the Chancellor's Cabinet.

Approved (Cabinet if \$5,000 or greater) ____

(Date presented and approved by Cabinet)