

Criteria for HSC Executive Vice President Institutional Support or Matching Funds

For questions regarding this form, please contact Michael Schwantes at mschwant@salud.unm.edu.

| Reque | ester Contact Name: |
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| Depar | tment: |
| Email: | Phone Number: |
| 1. | Please include requested amount of institutional commitment and justification of whythis amount would be appropriate per the funding agency. |
| 2. | Please provide documentation on why an institutional commitment is required. This should include at least the RFA statement or verbal discussion with the program officer. |
| 3. | Summary of the Project |

Form last updated: June 23, 2021



| 4. | How does the project fit into HSC strategic priorities? |
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| 5. | How does the project enhance other programs/projects and/or collaboration: across departments, colleges/school, campuses? |
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| 6. | What are the budgeted direct costs of the project? What are the allowable charges to the project? (Administration, rent, depreciation, etc.) |
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| 7. | What are the recurring and non-recurring costs? |
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| 8. | What equipment will be needed? How will the equipment be maintained/replaced? |
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| FINANCE & ADMINISTRATION |
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| 9. What is the total OH return (F&A and other)? |
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| 10. What will the OH retained by the project pay for? |
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| 11. Will this project enhance a Core Service or Facility? If so, please describe. |
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| 12. Does this proposal require additional space? If so, how will it be funded? |
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