**State University System**

# Education and General

# 2025-2026 Legislative Budget Request

# Form I

|  |  |
| --- | --- |
| **University(s):** |  |
| **Request Title:** |  |
| **Date Request Approved by University Board of Trustees:** |  |
| **Recurring Funds Requested:** |  |
| **Non-Recurring Funds Requested:** |  |
| **Total Funds Requested:** |  |
|  |  |
| **Please check the request type below:** |  |
| **Shared Services/System-Wide Request** |  |
| **Unique Request** |  |

**I. Purpose –**

*1.**Describe the overall purpose of the plan, specific goal(s) and metrics, specific activities that will help achieve the goal(s), and how these goals and initiatives align with strategic priorities and accountability plan established by each university (include whether this is a new or expanded service/program). If expanded, what has been accomplished with the current service/program?*

2. *Describe any projected impact on academic programs, student enrollments, and student services.*

**II. Return on Investment -** *Describe the outcome(s) anticipated, dashboard indicator(s) to be improved, or return on investment.* *Be specific. For example, if this issue focuses on improving retention rates, indicate the current retention rate and the expected increase in the retention rate. Similarly, if the issue focuses on expanding access to academic programs or student services, indicate the current and expected outcomes.*

**III. Personnel –** *Describe personnel hiring and retention plans, making sure to connect both plans to initiative(s) and goal(s) described in section I. State the amount of faculty FTE and staff FTE and estimated funding amounts used for retention and new hires in each category. In describing faculty hires, provide overall hiring goals, including academic area(s) of expertise and anticipated hiring level (e.g. assistant professor, associate professor, full professor). Please describe how funds used for faculty or staff retention will help the institution achieve its stated goals.*

**IV. Facilities *(****If this issue requires an expansion or construction of a facility, please complete the following table.):*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Facility Project Title** | **Fiscal Year** | **Amount Requested** | **Priority Number** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |