

AGENCY NAME:	Clemson University		
AGENCY CODE:	H120	SECTION:	14



Fiscal Year 2014-15 Agency Budget Plan

FORM A – SUMMARY

RECURRING FUNDS (FORM B DECISION PACKAGES)	<p>My agency is submitting the following recurring decision packages (Form B): 1143 – Advanced Manufacturing Innovation (B1 – B4) 1127 – Student Career Opportunity Program (B5 – B8) 1122 – Focus on Student Success (B9 – B13) 1949 – Other Earmarked Funds Increase to I.A E&G Unrestricted and III. Employee Benefits (B14 – B17) 1968 – Other Restricted Funds Increase to I.B E&G Restricted and III. Employee Benefits (B18 – B21) 1965 – Other Earmarked Funds Increase to II. Auxiliary Enterprises (B22 – B25)</p> <p>For FY 2014-15, my agency is (mark "X"):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting a net increase in recurring General Fund appropriations.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting a net increase in recurring General Fund Appropriations.</td> </tr> </table>	<input checked="" type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.	<input type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.		
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<input type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.						
CAPITAL & NON-RECURRING FUNDS (FORM C DECISION PACKAGES)	<p>My agency is submitting the following one-time decision packages (Form C): 1771 – Business & Behavioral Science Building (C1 – C2) 1774 – Main Campus Electrical Infrastructure Maintenance and Improvements (C3 – C4)</p> <p>For FY 2014-15, my agency is (mark "X"):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting capital and/or non-recurring funds.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting capital and/or non-recurring funds.</td> </tr> </table>	<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.	<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.		
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PROVISOS	<p>For FY 2014-15, my agency is (mark "X"):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td>Requesting a new proviso and/or substantive changes to existing provisos.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Only requesting technical proviso changes (such as date references).</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Not requesting any proviso changes.</td> </tr> </table>	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).	<input checked="" type="checkbox"/>	Not requesting any proviso changes.
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<input checked="" type="checkbox"/>	Not requesting any proviso changes.						

Please identify your agency's preferred contacts for this year's budget process.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Brett A. Dalton	864-656-2421	dbrett@clermson.edu
SECONDARY CONTACT:	Virginia Baumann	864-656-2422	vbauman@clermson.edu

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I have reviewed and approved the enclosed FY 2014-15 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

AGENCY DIRECTOR (SIGN/DATE):	
AGENCY DIRECTOR (TYPE/PRINT NAME):	James F. Barker, FAIA President

This form must be signed by the department head – not a delegate.