

BFAP - SFAA Exception Request Form

2017-18

PLEASE NOTE

Date:

Name:

Email Address:

College:

Address:

City, State, Zip:

Phone:

Fax:

Submit a separate form for each exception request.

The request and approval process must be completed prior to exception spending and/or reporting. Completion of the process will include written determination from the Chancellor's Office.

See additional instructions on page 2. This form may only be used for the 2017-18 year.

Total SFAA Allocation (Base + Capacity)

Amount of request (including all charges such as benefits, shipping, freight, etc.) shall not exceed :

Percentage of Total Allocation

Please select from the following options:

Allowable use spending exception

MOE exception

Reason for request (Check the box next to the category that best applies):

1) Counselor/Staff NOT reporting to the FA Director:

Counselor/Staff Activities:

Total wages and Benefits spent:

Total hours dedicated to fin aid:

Total # of students served:

2) New office equipment to increase capacity or student support service:

3) Capital Outlay:

Item/Type of Purchase:

Purpose:

4) Other (*please explain*):

Justification (*REQUIRED for each request*):

A large, empty rectangular frame with a black border, centered on a white background. The frame is oriented horizontally and occupies most of the page. It appears to be a placeholder for an image or a diagram that has not been inserted.

Attachments:

Detailed Invoice or Price Quote. MOU or Interdepartment Memorandum.
Other (explain):

1. **What is the primary purpose of the study?**

Financial Aid Performance Indicators:

| | |
|----------------------------------|---------------------------------|
| Pell Year-to-Date Recipients | BOG Year-to-Date Recipients |
| Pell Prior Year Recipients | BOG Prior Year Recipients |
| Pell Prior Prior Year Recipients | BOG Prior Prior Year Recipients |

Do you have other Exception Requests pending or approved? If so, how many?

Financial Aid Signature: _____ Title: _____ Date: _____

CSSO Signature: _____ Title: _____ Date: _____

Fiscal Signature: _____ **Title:** _____ **Date:** _____

Instructions:

- * Complete ONE form per exception request. ***Do not submit with any other forms***
- * Be sure to check an exception request box (1 - 4) to identify the reason for the request.
- * You must complete the "Justification" section with each request and include attachments as appropriate, for example, an invoice quote on a purchase, MOU for counselors, etc.
- * The CFAO, CSSO and CBO each must sign the form.
- * E-mail questions and completed form to Terence Gardner: tgardner@cccco.edu 916.322.7412

Chancellor's Office Use Only: