

## ***BFAP - SFAA Exception Request Form***

2019-20

**\*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 2019-20 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):**

**Attachments:**

<input type="checkbox"/> Detailed Invoice or Price Quote.	<input type="checkbox"/>	MOU or Interdepartment Memorandum.
<input type="checkbox"/> Other (explain):	<div style="border: 2px solid black; height: 50px; width: 100%;"></div>	

**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:**