

**REQUEST FOR ASSISTANCE FROM THE
SBCTC EMERGENCY RESERVE FUND (ERF)**

College: _____

Date: _____

Person Submitting: _____

I. Description of the Problem

A. Brief summary of the problem (attach supporting material as desired)

II. Impact of the Problem (definition of "emergency")

- | | | | |
|----|---|-----|----|
| a. | Program impact from loss or potential loss of facility use? | Yes | No |
| b. | Risk or liability to public or campus users from the problem? | Yes | No |
| c. | Loss or wasting of a facility? | Yes | No |

For each Yes circled, attach a detailed written description of the impact or threat.

III. Will the requested ERF funds be used to

- | | | |
|---|-----|----|
| · Augment a non-emergency local capital project? | Yes | No |
| · Augment a state minor/major project? | Yes | No |
| · Augment a state repair/renovation project? | Yes | No |
| · Construct/repair a facility that could wait for the next legislative session? | Yes | No |

IV. Description of the Proposed Solution

A. Brief narrative (attach supporting material as desired)

B. Proposed budget and schedule for the solution	Completion <u>Date</u>
Design	\$ _____
MACC	_____
Contingency (%)	_____
Sales tax	_____
Equipment	_____
Extra A/E services	_____
Miscellaneous	_____
Total budget	\$ _____

C. Proposed funding for the solution	
• 5% of RMI	\$ _____
• 50% of balance: from college funds	_____
• 50% of balance: from ERF	_____
Total budget	\$ _____