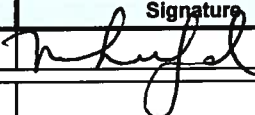


CARES ACT - INSTITUTIONAL PORTION 2020 - 2021



Requested by: (Unit, Department, Division or Vice President)									
Location	Complete Name	Signature	Date	Approval:	Yes	No			
Department or Unit:	Marguerite Whitford		8/27/20	Date:					
Division:				Vice President, Administrative Services					
Vice President:									

Budget Request(s)	CARES Justification for Request(s)	Funds Requested ⁽¹⁾	Funding
(Describe the services or items requested, include quantity) ⁽²⁾	Please describe: How the cost is associated with significant changes to the delivery of instruction due to coronavirus? ⁽²⁾	Amount	Approved
1. Mental Health (Occupational Therapy)	<p>Students will demonstrate improvements in areas of: occupational balance, time management, stress management, sleep hygiene and re-engagement in academic activities.</p> <p>OT Professional expert will work in coordination with mental health clinician team and Behavioral Wellness Team to support students with needs.</p>	\$ 35,000.00	
Account Number(s) ⁽³⁾ :	39000-534000-232000-644000		
2			
Account Number(s) ⁽³⁾ :			

(1) Please provide documentation to support the amount requested, such as price quotes from vendor, copy of catalog, etc. Also, include any ancillary costs, such as maintenance, annual software upgrades, etc.

(2) Please add attachment if additional information needs to be included annual software upgrades, etc.

(3) If Unknown leave blank, the Fiscal Services department will include.