**INTRODUCTION**

Every seven years, each recognized UNI Center is required to complete this *Seven-Year Center and Institute Report*, pursuant to the Board of Regent’s (BoR) Policy (§3.8). The BoR policy requires regent universities to review each center or institute once every seven years to ensure that the Center or Institute remains relevant, is of high quality, and aligns with the institutional mission and strategic plan.

The completed report will be submitted to the Office of Research and Sponsored Programs (RSP) which oversees the process. RSP will distribute reports to the Centers Institute and Review Committee which is appointed by the Provost. Reports are reviewed with these objectives in mind: 1) Centers are operating efficiently and effectively; 2) assist Center Directors in planning, review, and setting of long-term goals; 3) detect and address problems and opportunities; 4) ensure Centers are operating within the University’s strategic plan and institutional purpose.

When the review is complete, a close-out letter is sent to the Director, Department Head (if applicable), and College Dean. The BoR “Form D” is completed and sent to the Provost who signs the reviews and forwards them to the President’s Office for uploading to the BoR system.

**INSTRUCTIONS**

Complete each section and provide the required attachments.

* **Section 1** - General information
* **Section 2** – Current & Past Financial Resources /Staffing / Operations
* **Section 3** - Future Financial Outlook & 7-Year Work Plan
* **Section 4** – Signature Page
* **Attachment A**: 3-Previous Years Financial Statements (July 1-June 30 of FY 24, 23, & 23). Complete this using the 7-year financial statement which will be provided to you by RSP once reports are available in October. Contact Tonya Gerbracht, UNI Controller & Treasurer, at 3.6520 or at [tonya.gerbracht@uni.edu](file:///C%3A%5CUsers%5Cahernlaa%5CDownloads%5Ctonya.gerbracht%40uni.edu) if you have questions about the information on this report.
* **Attachment B**: Complete and attach the provided Estimated Annual Expenses and Revenues Budget sheets.

If you have any questions regarding this form or the process, please feel free to contact the Office of Research and Sponsored Programs / University of Northern Iowa / 213 East Bartlett Hall / (319) 273-3217 / rsp@uni.edu – <https://rsp.uni.edu>.

**TIMELINE**

* **Nov 15, 2024** **Reports Due**
* **Feb 5 – Mar 29** Centers Review Committee Meetings
* **May** Closeout Letters to Centers
* **June** Form D sent to Provost and Board of Regents

**Section 1. General Information**

**Name of Center**: Click to Enter Name of Center

**Director’s Name**: Click to Enter Contact Person’s Name

**Phone**: Click to Enter Phone

**Email**: Click to Enter Email Address

**College**: Click to Enter College Name

Department: Click to Enter Department Name

Please note: Your prior year Center and Institute Annual Review should inform the answers to these questions; please work to compile the data from your previous Center and Institute Annual Reviews when summaries are necessary.

1. Provide a brief history of the Center (500 words or fewer) which states when and why the Center was started.

 Click to Enter Brief History

1. State the mission of the Center (200 words or fewer); note if there have been any changes to the mission in the last seven years.

Click to Enter Mission

1. Describe the ongoing need for the Center. For example, is there a need in the University, community, the state or beyond (100 words or fewer)?

Click to Enter Need/Purpose

1. Describe special features or conditions that make UNI a desirable, unique or appropriate place for the Center to exist, e.g. physical, cultural, academic or other.

Click to Enter Special Features

1. Explain the relationship of the Center to the institutional mission and the role of the Center in the UNI Strategic Plan. Name the goal(s) and/or objective(s) of the UNI Strategic Plan to which the Center aligns itself, and briefly describe how the Center helps the University meet this/these goal(s) or objective(s). <https://strategicplan.uni.edu/>

Click to Enter Relationship to Strategic Plan

1. Explain the relationship (if any) of the Center to other existing centers/institutes or departments/units at UNI. How does the Center enhance other University activities?

Click to Enter Relationship to Other Centers

1. Explain the Center/Institute external relationships with other postsecondary institutions, business and industry, government agencies, and other organizations that support the Center or Institute (Center/Institute partners/partnerships).

Click to Enter Information

1. Describe the relationship of the Center to existing centers at other colleges and universities (if any) in Iowa, including how the Center is unique or has a different emphasis than existing centers at other colleges or universities.

Click to Enter Relationship to Existing Centers at other College/Universities

1. Summarize (list / bullet point) the primary accomplishments and impacts of the Center in the last seven years.

Click to Enter Accomplishments

1. Drawing from your previous Annual Reports, please complete the table below to report the Center’s served/impacted groups from the last three years (only complete for as many years as you have submitted annual reports). *Check only those that apply*:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Impacted Group** | **FY19** | **FY20** | **FY21** | **FY22** | **FY23** |
|   | UNI Students |   |   |   |   |   |
|   | UNI Faculty |   |   |   |   |   |
|   | PK - 12 Students |   |   |   |   |   |
|   | PK - 12 Faculty |   |   |   |   |   |
|   | PK - 12 Administrators |   |   |   |   |   |
|   | State and/or Local Governments |   |   |   |   |   |
|   | National or International Groups/Entities |   |   |   |   |   |
|   | Community Clients or Members |   |   |   |   |   |
|   | Other (please describe) |   |   |   |   |   |

Click to Enter Information

1. Include any additional information that justifies the continuation of this Center.

Click to Enter Additional Information

**Section 2. Current and Past Financial Resources / Staffing / Operations**

1. Please **attach** the provided financial statement that includes each of the three previous Fiscal Years (July 1-June 30 of FY 24, 23, & 22) using the 7-year financial statement provided by the UNI Controller & Treasurer. (This financial statement will be requested by RSP and forwarded to you for inclusion in the report).

 Add any additional information here that is important to share about the past three years.

Click to Enter Information

1. Over the past seven years, what have been the sources of funding for the Center?

Click to Enter Information

1. Over the past seven years, have there been any unexpected fiscal issues? If so, please explain.

Click to Enter Information

1. Describe how the Center is staffed, including number of employees, FT/PT, employment role:

Click to Enter Information

* 1. Describe all personnel (including the director) that will be required to maintain the Center over the next 7- year period. Include all positions and indicate the Full-Time Equivalent (FTE).

Click to Describe Personnel

* 1. Has the Center used course buy-outs or course releases to operate? [ ] YES [ ]  NO

*Course buyout*: A course buyout occurs when a faculty member is excused from teaching one or more courses and the funds that allow for the faculty’s home department to hire an adjunct instructor to teach the faculty’s course(s) comes from externally sourced funds, such as from a grant or contract.

*Course release*: A course release occurs when a faculty member is excused from teaching one or more courses and the funds that allow for the faculty’s home department to hire an adjunct instructor to teach the faculty’s course(s) come from the university’s general education fund.

If yes, for the previous three years please provide the Position Title/Center Role of the faculty receiving the Buy-out/release, whether it was a buyout or course release, and the number of courses or % time for the Buy-out and/or release:

|  |  |  |  |
| --- | --- | --- | --- |
| **Position/Title** | **FY24** | **FY23** | **FY22** |
| **Buyout** % Time | **Course Release** # courses | **Buyout** % Time | **Course Release** # courses | **Buyout** % Time | **Course Release** # courses |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Will course buy-outs or releases be used needed in the future? If so, please describe:

Click to Describe Personnel

* 1. Describe the space (office, lab, classroom, storage,) that is required to maintain the Center. If no space is listed, it is assumed that the director’s current individual office is all that is needed in order for the Center to operate.

Click to Enter Space Requirements

* 1. Describe the equipment, supplies, and/or services (leases and related expenses, Information Technology Services, etc.) that are required to maintain the Center.

Click to Enter Information

* 1. In what other ways has the Center relied on University resources to operate (examples may be legal counsel, public safety, publicity, marketing, web support, bandwidth, continuing education, etc.)?

Click to Enter University Support Needs

**Section 3. Future Financial Outlook and 7-Year Work Plan**

1. How long is the Center expected to continue to be in existence? If a longer term (more than seven years), indicate the justification for the continuing need of the Center.

Click to Enter Information

1. State the Center’s goals for the next seven-year period.

Click to Restate Center Goals

1. Identify the Future Financial outlook and related 7-year Work Plan.
	1. Financial Outlook: **complete and attach the provided Estimated Annual Expenses and Revenues Budget sheets**. (It is understood that looking forward for seven years is a difficult task. Simply use your best judgement. *Example: If you currently have a reliable source of funds from program income, multiply that source by 3% per year moving forward for the next 6 years. Do the same for expenses that are unlikely to change except for annual increases, such as salaries*).
	2. If less than 100% of the needed funding is committed or in place, describe your plan for securing funding (address both internal and external funding):

Click to Enter Information

* 1. Work Plan (Years 1-2): complete a 2-year Work Plan**.** This plan should align with the Center’s Financial Outlook.

|  |
| --- |
| **DETAILED WORK PLAN & BUDGET YEARS 1-2** |
| **YEAR** | **ANTICIPATED BUDGET** |   |
| **Academic Year 1 (FY24-25)** | Click to enter budget |  Click to Enter Year One Detailed Work Plan |

|  |  |  |
| --- | --- | --- |
| **Academic Year 2****(FY 25-26)** | Click to enter budget |  Click to Enter Year Two Detailed Work Plan |

* 1. Work Plan (Years 3-5) complete a general work plan (goals, objectives) for years three-seven of the Center.

|  |
| --- |
| **GENERAL WORK PLAN & BUDGET YEARS 3-7** |
| Click to Enter Information |

1. How do you measure the success of the Center?

Click to Enter How Future Success Measured

1. How is the work and success of the Center disseminated?

Click to Enter Information

1. If this Center requires a full-time commitment from a faculty member (e.g., as the director), indicate what plans there will be for that faculty member should the Center close.

Click to Enter Information

**Section 4. Signatures**

*Please submit completed form and attachments to RSP after Center Director, Department Head, and Dean have signed.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head or Immediate Supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Dean

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairperson, Center and Institute Review Committee

Signatures:

Committee Recommendation (if any):

Office of the Provost:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provost

Committee Comments (if any):