**Center & Institute Annual Review Form**

**INTRODUCTION**

Each University of Northern Iowa Center is required to complete and submit the following information regarding the previous academic year’s activities and finances. This Annual Review serves to document activities, successes, and the financial position of each Center. The information received in this document will assist in planning for the following academic/fiscal year. This report will be reviewed by the Center and Institute Review Committee. The committee meets annually to review each Center report and to recommend either approval of the Center to 1) Continue in good standing; or 2) Request a more complete review due to concerns that require a “Center Continuation Review.” Concerns prompting a Center Continuation Review include:

1. Lack of alignment with the University’s Strategic Plan,
2. Negative financial balance,
3. Leadership void, or
4. Lack of activity and/or meaningful impact.

**INSTRUCTIONS**

This report includes three sections.

* **Section 1** asks for information related to the most recently completed university fiscal year (July 1 – June 30). If you are filling this form out in the fall of 2023, then the most recently completed university fiscal year is from July 1, 2022– June 30, 2023.
* **Section 2** pertains to the upcoming or *current* fiscal year. If you are filling this form out in the fall of 2023, then your data should be for the University fiscal year of July 1, 2023 – June 30, 2024.
* **Section 3** provide the authorized signature.
* **Attachments**: Please attach the Center Annual Financial Statement for Fiscal Year End 2023.

If you have any questions regarding this form, the Center/Institutes Review Committee’s role, reporting, or otherwise just need help, contact: The Office of Research and Sponsored Programs / University of Northern Iowa / 213 East Bartlett Hall / (319) 273-3217 / rsp@uni.edu - [www.uni.edu/rsp](http://www.uni.edu/rsp)

**TIMELINE**

* **Sept 6 @ 3:00** [Informational Meeting for Center Directors (Register Here via Zoom)](https://uni.zoom.us/meeting/register/tJItcOygqTkrE9yNGAgjFnXBp6flKwbi3Ro2)
* **Oct 23-Nov 17** Reports Due - Submission period
* **Dec 1 – Feb 2** Reports Distributed to Centers Review Committee Members
* **Feb 5 – Mar 29** Centers Review Committee Meets
* **May** Closeout Letters to Centers
* **June** Form D to Provost and Board of Regents

**Contact Information.**

**Name of Center:**  Click to enter

**Report for Fiscal Year** \_23

**Name of Center Director:**  Click to enter \_

**Name of person completing this report:**  Click to enter

**Contact Information for the above person:**  Click to enter

**College:**  Click to enter

**Department:** Click to enter

**Phone**: Click to enter\_\_ **Email Address:** Click to enter

**Section 1. (*Please answer all questions as they relate to the previous fiscal year)***

1. **State the Center’s Purpose or Mission.**

Click to Enter Information

1. **State how the Center supports the UNI Strategic Plan (**[**UNI Strategic Plan**](https://strategicplan.uni.edu/)**).**

Click to Enter Information

1. **What were your primary activities and services during the last fiscal year?**

Click to Enter Information

1. **List the key accomplishments of the Center’s work for the last fiscal year:**

Click to Enter Information

1. **During the last fiscal year, which of the following groups has the center served/impacted?** *(Check and**report on all that apply, and if possible, provide the quantity of participants in each category)*

Group Numbers

[ ]  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 community members \_\_\_\_

[ ]  Other (please describe) \_\_\_\_

1. **How were students involved in the work of your Center this past fiscal year?**

Click to Enter Information

1. **Did any full-time faculty who work in your center receive *course buyouts* or *course releases* to work in or with your center during the last fiscal year? If yes, complete the following:**

**How many total course buyouts?** \_ Click to enter \_\_\_\_\_\_\_\_\_\_\_

*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.*

**How many total course releases?** \_\_\_ Click to enter \_\_\_\_\_\_\_\_\_

*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.*

**For each course *release*, describe the role in the center of the faculty who receive the release(s).**

 \_ Click to enter \_\_\_\_\_\_\_\_\_\_\_

1. **How many employees did the center/institute have in the last reporting year?**

 Position Full Time Part Time

 Faculty \_\_\_\_\_\_ \_\_\_\_\_\_

 Professional and Scientific \_\_\_\_\_\_ \_\_\_\_\_\_

Merit \_\_\_\_\_\_ \_\_\_\_\_\_

1. **Complete and attach the Center Review Financial Report for the most recently closed fiscal year. Use the space below to add any comments, notes, or other narrative that you think the committee should know about the financial report (such as notes about newly awarded grants that are not showing up on the report, etc.).**

Click to Enter Information

**Section 2*. Please answer the following questions as they relate to the upcoming/current fiscal year.***

1. **What are your priorities and goals for the upcoming/current fiscal year?**

 Click to Enter Information

1. **What activities will you conduct to achieve these priorities/goals?**

Click to Enter Information

1. **List the funding amounts you expect to receive for this fiscal year?**

|  |  |  |
| --- | --- | --- |
| **TYPE** | **SOURCES** | **AMOUNTS** |
| **UNIVERSITY GENERAL FUND** |  |  |
| Provost |       |
| College |       |
| Department |       |
| Other |       |
| **UNIVERSITY FOUNDATION**  | *Amount allocated for this fiscal year* |       |
| **EXTERNAL FUNDS** | Source 1:  |  |
| Source 2:       |       |
| Source 3:       |       |
| Source 4:       |       |
| Source 5:       |       |
| Source 6:       |       |
| **FEES FOR SERVICE** | *Amount anticipated for this fiscal year* |       |
| **Other (in-Kind)** | *Describe “Other”:*       |       |
| ***TOTAL REVENUE ALL SOURCES*** |       |

1. **Please state any other information you would like the Centers Review Committee to be aware of:**

Click to Enter Information

**Section 3. Signature Page**

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

Center Director