**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 2024, then the most recently completed university fiscal year is from July 1, 2023– June 30, 2024.
* **Section 2** pertains to the upcoming or *current* fiscal year. If you are filling this form out in the fall of 2024, then your data should be for the University fiscal year of July 1, 2024 – June 30, 2025.
* **Section 3** provide the authorized signature.
* **Attachments**: Please attach the Center’s Annual Financial Statement for Fiscal Year End 2024. RSP will request the Financial Reports needed on behalf of all Centers and **your Center’s financial report will be sent to you, once it is available**. This report will generate financials based on your Center’s Organization Number going back 7-years. You only need to use this information for the most recently closed fiscal year (FY24); the rest of the data is for your information

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

**TIMELINE**

* **Sept 5 @ 2:00** *Optional* [Informational Meeting for Center Directors (Register Here via Zoom)](https://uni.zoom.us/meeting/register/tJMqc-qhqzIqGtJ0SRqdoSy12TsjrUz87Fiw)

(or Schedule individual meeting with Lisa.Ahern@uni.edu)

* **Oct 21-Nov 15** Reports Due - Submission window
* **Nov 18**  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** \_24

**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. **State the primary activities and services during the last fiscal year? (List or use bullet points)**

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. **Describe how students were involved in the work of this Center this past fiscal year.**

Click to Enter Information

1. **Did any full-time faculty working in this center receive *course buyouts* or *course releases* 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. **List your key work objectives for the FY24-25 fiscal year.**

 Click to Enter Information

1. **Identify any challenges you anticipate or are currently facing this program year and how you are addressing them (i.e. budget constraints, staffing changes).**

Click to Enter Information

1. **List the funding sources and 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 to share with the Centers Review Committee.**

Click to Enter Information

**Section 3. Signature Page**

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

Center Director