



Default Question Block

UF guidelines require centers and institutes to be evaluated consistent with Board of Governors regulation 10.015. This survey is for Centers and Institutes **2025** evaluations.

Please ensure evaluation information has been approved by the college dean or unit vice president before submitting the survey.

Please complete the evaluation survey by **August 29, 2025**. Please plan to complete the survey in a single session. Entries do not save for later completion.

A PDF will be available for download after submitting the survey.

If you need a copy of the last evaluation or FY expenditure report to assist you in completing the evaluation, please see the links below.

If you have any questions, please contact Chris Gaynor in Institutional Planning and Research at scgaynor@ufl.edu, (352) 392-0456.

Resources:

[Retrieve last expenditure report](#) (will open in a new tab)

[Retrieve last evaluation report](#) (will open in a new tab)

Note: center names may change over time. On historical reports, use the center id number as reference.

[FAQ](#)

[UF Guidelines](#)

[Regulation 10.015, amended 10/14/2024](#)

Please select a Center/Institute

Please enter the name of the director of the \${q://QID41/ChoiceGroup/SelectedChoices}.

For the \${q://QID41/ChoiceGroup/SelectedChoices}, please enter the name of the person who served in the evaluator role. In most cases, this will not be the name of the director entered above.

It is recommended that the \${q://QID41/ChoiceGroup/SelectedChoices} continue.

☐ Yes

☐ No

For the \${q://QID41/ChoiceGroup/SelectedChoices}, please select the best summary statement of progress against defined goals and objectives.

☐ Satisfactory progress against goals and objectives

☐ Partial progress against goals and objectives

☐ Less than satisfactory progress against goals and objectives

For the \${q://QID41/ChoiceGroup/SelectedChoices}, please describe progress against defined goals and objectives within the context of the institute or center's mission. If this is the first evaluation, please reflect progress since inception.

Please enter text in the box below (20,000 character limit). Please attach any supplemental files at the end of the survey.

Note: Formatting, e.g., line breaks, bullets and special characters, is not retained in

reporting. Lists of publications, tables, figures, charts, etc., should be submitted as a supplemental file.

For the \${q://QID41/ChoiceGroup/SelectedChoices}, please refer to the most recent expenditure report when answering the following five questions.

[Retrieve last expenditure report](#) (will open in a new tab)

Does the \${q://QID41/ChoiceGroup/SelectedChoices} receive state funds?

☐ Yes

☐ No

Referencing the most recent expenditure report, please enter the amount reported in section 2. Actual Expenditures, SUS Appropriated. If no SUS Appropriated expenditures were reported, please enter 0.00.

2. Actual Expenditures for 2021-22

Fiscal Year	Budgetary Unit			
2022				
SUS Appropriated	Contracts & Grants	Fees for Service	Private & Other	Total

Referencing the most recent expenditure report, please enter the FTE reported in section 2. Actual Expenditures, Total SUS Appropriated. If no SUS Appropriated FTE were reported, please enter 0.00

2. Actual Expenditures for 2021-22				
Fiscal Year	Budgetary Unit			
2022				
SUS Appropriated	Contracts & Grants	Fees for Service	Private & Other	Total
Faculty SUS Appropriated	Faculty Contracts & Grants	Faculty Fees for Service	Faculty Private & Other	Faculty Total
Teams SUS Appropriated	TEAMS Contracts & Grants	TEAMS Fees for Service	TEAMS Private & Other	TEAMS Total
Total SUS Appropriated	Total Contracts & Grants	Total Fees for Service	Total Private & Other	Total Total

For the \${q://QID41/ChoiceGroup/SelectedChoices}, please provide an assessment of the return on investment of SUS appropriated state funds and/or FTE. If zero SUS appropriated state funds and FTE were reported, please enter Not applicable.

Please enter a written assessment in the box below (20,000 character limit). The assessment should span the evaluation reporting period. It is not limited to the most recent fiscal year expenditure report activity. If this is the first evaluation, the assessment should represent activity since the C/I was established. Please attach any supplemental files at the end of the survey.

Note: Formatting, e.g., line breaks, bullets and special characters, is not retained in

reporting. Lists of publications, tables, figures, charts, etc., should be submitted as a supplemental file.

For the \${q://QID41/ChoiceGroup/SelectedChoices}, please select the best summary statement of return on investment of SUS appropriated state funds.

- ☐ High return on investment of state funds
- ☐ Medium return on investment of state funds
- ☐ Low return on investment of state funds
- ☐ Not applicable. C/I does not receive state funds.
-

For the \${q://QID41/ChoiceGroup/SelectedChoices}, please refer to the most recent expenditure report when answering the following two questions regarding return on investment of other fund sources: Contracts & Grants, Fees for Service, and/or Private & Other.

You are not asked to enter dollar amounts reported for these funds sources, only an assessment.

2.Actual Expenditures for 2021-22				
Fiscal Year	Budgetary Unit			
2022				
SUS Appropriated	Contracts & Grants	Fees for Service	Private & Other	Total

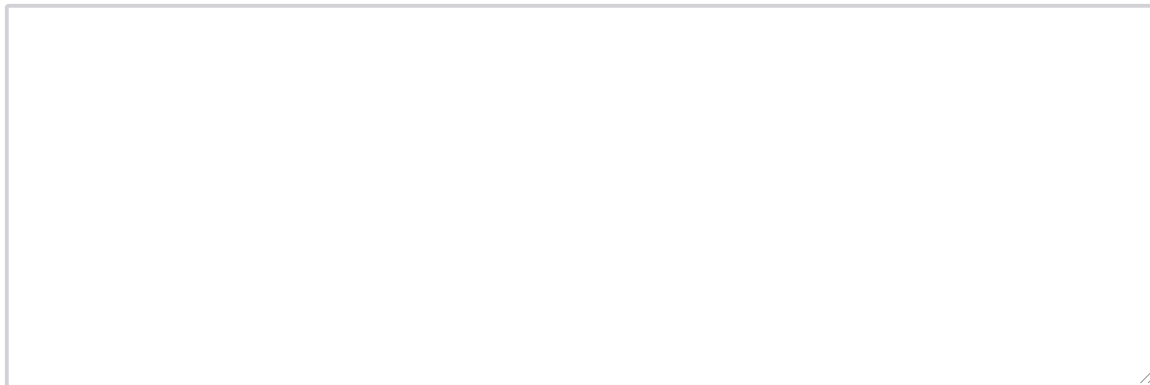
[Retrieve last expenditure report \(will open in a new tab\)](#)

For the \${q://QID41/ChoiceGroup/SelectedChoices}, please provide an assessment of the return on investment of other fund sources: Contracts & Grants, Fees for Service, and/or Private & Other. If a fund source is not applicable, you may leave that fund source unchecked and make no entry. If none of the other fund sources were reported, please select the not applicable box. You are not asked to enter dollar amounts reported for these funds sources.

Please enter a written assessment in the box below (20,000 character limit). The assessment should span the evaluation reporting period. It is not limited to the most recent fiscal year expenditure report activity. If this is the first evaluation, the assessment should represent activity since the C/I was established. Please attach any supplemental files at the end of the survey.

Note: Formatting, e.g., line breaks, bullets and special characters, is not retained in reporting. Lists of publications, tables, figures, charts, etc., should be submitted as a supplemental file.

☐ Contracts & Grants

A large, empty rectangular text box with a light gray border, intended for a written assessment. A small double-slash icon is visible in the bottom right corner.

☐ Fees for Service

A large, empty rectangular text box with a light gray border, intended for a written assessment. A small double-slash icon is visible in the bottom right corner.

☐ Private and Other

☐ Not applicable. C/I does not receive any other fund sources.

For the \${q://QID41/ChoiceGroup/SelectedChoices}, please select the best summary statement of return on investment of other fund sources: Contracts & Grants, Fees for Service, and/or Private & Other.

	High return on investment	Medium return on investment	Low return on investment	Not applicable. C/I does not receive other funds.
Contracts & Grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fees for Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private & Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the \${q://QID41/ChoiceGroup/SelectedChoices} have budget changes since the last evaluation. If this is the first evaluation, does the C/I have changes since it was established?

- ☐ Yes, budget increase
- ☐ Yes, budget decrease
- ☐ No change to budget

For the \${q://QID41/ChoiceGroup/SelectedChoices}, please describe the budget changes since the last evaluation, if applicable. If this is the first evaluation, please describe changes since the C/I was established. If there are no budget changes, please enter Not applicable.

Please enter text in the box below. Please attach any supplemental files at the end of the survey.

Note: Formatting, e.g., line breaks, bullets and special characters, is not retained in reporting. Lists of publications, tables, figures, charts, etc., should be submitted as a supplemental file.

Does the \${q://QID41/ChoiceGroup/SelectedChoices} have changes in the mission or organizational structure since the last evaluation? If this is the first evaluation, does the C/I have changes since it was established?

- ☐ No changes in mission or organizational structure
 - ☐ Changes to both mission and organizational structure
 - ☐ Changes to mission; no changes to organizational structure
 - ☐ No changes to mission; changes to organizational structure
-

For the \${q://QID41/ChoiceGroup/SelectedChoices}, please describe changes in the mission and/or organizational structure indicated in the previous question. If there are no changes, please enter Not applicable.

Please enter text in the box below. Please attach any supplemental files at the end of the survey.

Note: Formatting, e.g., line breaks, bullets and special characters, is not retained in reporting. Lists of publications, tables, figures, charts, etc., should be submitted as a supplemental file.

Please enter any additional comments/feedback.

Note: Formatting, e.g., line breaks, bullets and special characters, is not retained in reporting. Lists of publications, tables, figures, charts, etc., should be submitted as a supplemental file.

Optional file upload for supplemental material.

Upload a single file (less than 5 MB), or ZIP multiple files together if needed.

Block 2

Please read the following statement carefully before submission.

☐ By checking this box, I confirm that the evaluation information is complete and has been verified/approved by the college dean or unit vice president.

For the \${q://QID41/ChoiceGroup/SelectedChoices}, please enter the name of the person submitting this survey.

Thank you for entering the \${q://QID41/ChoiceGroup/SelectedChoices} evaluation report.

Please press the submit button below.

A PDF of responses will be available for download on the next screen.

Block 1



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