|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** |  | **Originator:** |  |  |
| **Program or Department Name:** |  |  |
| **Dean/Vice President/Supervisor:** |  |  |
|  |  |  |  |
| **What are you requesting? *(Brief)*** |  |  |
| **Amount Requested:** |  | [ ]  **One-time Funding**  | [ ]  **Ongoing Funding** |
| **Funding Source** (if known) **:** |  |  |
|  |  |  |  |
| **REQUEST TYPE:** |
| [ ]  **Personnel/Staffing** | [ ]  **Technology Resource** | [ ]  **Facilities Resource** | [ ]  **OTHER** |
| *Complete* ***Personnel/Staffing*** *section**below* | *Complete* ***Technology*** *section**below* | *Complete* ***Facilities*** *section below* |  |

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| **PERSONNEL/STAFFING REQUEST** |
| **Is the requested position:** [ ] Faculty [ ] Classified [ ] Management/Confidential |
| **Is the requested position:** | [ ]  A new classification (Attach *proposed* job description, or *detailed* list of proposed duties)  |
|  | [ ]  An existing classification | *Official Job Title:* |  |
|  |
| **Is the requested position:** | [ ] Full Time [ ] Part Time: |  | Months/Year |  | Hours/Week |
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| **TECHNOLOGY RESOURCE REQUEST** |
| **Indicate the category of the request:** [ ]  Hardware [ ]  Software [ ]  Printer/Copier [ ]  Network [ ]  Audio-Visual [ ]  License/Maintenance |
| **Indicate the intended users:**  [ ]  Students [ ]  Faculty [ ]  Staff [ ]  Other |
| **Is training required?** [ ]  No [ ]  Yes Explain: |  |  |
| **How will it be secured?** [ ]  Alarm [ ]  Secure Room [ ]  Secure Cabinet [ ]  Cable/Lock [ ]  Password |
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| **FACILITIES RESOURCE REQUEST** |
| **Indicate the intended users:**  [ ]  Students [ ]  Faculty [ ]  Staff [ ]  Other |
| **Is maintenance required?** [ ]  No [ ]  Yes Explain: |  |  |
|  |  |

**For best results, refer to the** [**Budget Allocation Proposal Scoring Rubric**](http://www.barstow.edu/Pdf/Program_Review/BAP_Scoring_Rubric.pdf) **prior to completing this form.**

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| **1. Why is the request being made?**  |
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| **2. a) Where in the Program Review/Annual Update is the request supported? Include the text from the Program Review AND cite the applicable section number(s).** |
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|  **b) Explain how the request is supported with information gathered from the assessment of outcomes (Student Learning Outcomes, Program Level Outcomes, Service Area Outcomes, or Administrative Unit Outcomes).**  |
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| 1. **How was this included in the Action Plan of your Program Review? Please cite section/item number and include the text.**
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| 1. **If this item is approved, what departments or resources are needed, or would be affected, when implementing or developing it, on both a short term and a long term basis? Have they been notified? *(This question is not required for Personnel/Staffing requests.)***
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| **4. a) Describe the goal(s) for this proposal. How will this improve student success or institutional services?** |
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| 1. **What data will you gather and analyze to demonstrate that your proposal is meeting this goal(s)?**
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| **5) Describe how your request is aligned with as many of the college’s strategic planning documents as applicable. (If the request does not align with a document, indicate N/A.)** **Please be specific and provide detail, ensuring a clear correlation between content of referenced document and the request. Cite the section and page numbers where the correlation can be found.** *(Follow the links to access each document)* |
| 1. [**Mission Statement**](http://www.barstow.edu/About-BCC.html)
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|  **2.** [**Strategic Priorities**](http://www.barstow.edu/ie_planning.html) **/** [**Strategic**](http://www.barstow.edu/ie_planning.html) **Goals** |
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|  **3.** [**Educational Master Plan**](http://www.barstow.edu/ie_planning.html)  |
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|  **4. Others: Such as** [**Technology Plan**](http://www.barstow.edu/ie_planning.html) **,** [**Facilities Master Plan**](http://www.barstow.edu/ie_planning.html)**,** [**HR Staffing Plan**](http://www.barstow.edu/ie_planning.html)**,** [**Professional Development Plan**](http://www.barstow.edu/ie_planning.html) |
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| **ADMINISTRATIVE USE** |
| **Administrator:** |  | **Title:** |  |
| **Comments/Recommendations:** |
|  |
|  |
| **Signature:** |  | **Date:** |  |

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| --- | --- | --- | --- |
| **Administrator:** |  | **Title:** |  |
| **Comments/Recommendations:** |
|  |
| **Unit Priority Ranking:**  |  | **of** |  |  |  |
|  |  |  |
| **BUDGET INFORMATION***(This section* ***MUST*** *be completed)* |
|  |  |  |
| **Budget Program Number:** |  |  |  |  | [ ]  **Restricted** | [ ]  **Unrestricted** |
|  |  |  |  |  |  |
| **Comments regarding Budget Information:**  |  |  |
|  |  |  |  |  |  |
|  |
| **Signature:** |  | **Date:** |  |