

# Non-Instructional Program Review Template

## What is a Non-Instructional Program?

*Non-instructional programs represent all Administrative and Business Services, Student Services, and non-instructional Academic Affairs areas at BCC.*

## Non-Instructional Program Name

Please indicate the program name: Athletics

Academic Year: 2024-2025

Name(s) of Submitter(s): James Stellino, Isabel Carpio, Gloria Basinger

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## I. Area Description

*The purpose of this section is to provide the reader and/or reviewer with a brief snapshot of the area. This section should be kept short, a few paragraphs at the most, and address the following:*

A. What is the area mission and how does it support the institutional mission?

To provide an equitable opportunity for all students to participate in Intercollegiate Athletics while succeeding in obtaining their academic or vocational goals. BCC Athletics supports the college mission by providing equitable, accessible and affordable education to its diverse student body.

B. What is the area vision and how does it support the institutional vision?

We believe that athletics plays an integral role in the total education process and experience for each student enrolled in the college. BCC Athletics supports the BCC vision by fostering a culture of growth and partnership for our students and community.

C. Please provide a short area description:

The BCC athletic department strongly endorses a comprehensive program that encourages the development of each student athlete's values and character, and sees its activities as an integral part of campus life.

D. How does your area align to and/or support one or more of the following BCC Strategic Priorities?

BCC athletics supports all of the following strategic priorities. We innovate equitable student success by allowing all students to participate in athletics. Many of our student athletes move on to the four-year level by receiving an academic or athletic scholarship. Our athletes are out in the community building relationships with businesses and community members. Student athletes moving on from BCC are proven to be successful in their future endeavors.

- Innovate to Achievable Equitable Student Success
  - Ignite a Culture of Learning and Innovation
  - Build Community
  - Achieve Sustainable Excellence in all Operations
- 

## II. Area Effectiveness

*The purpose of this section is to evaluate the area holistically by reviewing and analyzing data within the*

## **Non-Instructional Program Review Template**

*context of serving the area's internal and external customers, helping students reach their goals, and furthering the mission of BCC.*

*For each item below, review the data provided. As you examine the data, be on the lookout for trends and outliers.*

*Provide a short analysis (2-3 sentences) for each item. If data are not available (i.e., student satisfaction surveys), please indicate that on the form.*

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## Customers

Demographics of internal and external customers – who do you serve?

We serve male and female student athletes from various demographics such as race, ethnicity, gender, and socio-economic status. We serve student athletes from the High Desert region in CA, Nevada, and other surrounding states as well as International students.

## Policies and Process Response

What recent changes in policies, procedures and processes have impacted or will impact your Service Area or Administrative Unit (BCC BP/AP; Federal, State & local regulations; guidelines). Describe the effect the changes or updates in policies and processes have had on the unit.

The NIL law allows Intercollegiate athletes to earn compensation for use of their name, image and likeness. College athletes can now make money from the commercial use of their name, image, and likeness (NIL) as a result of the new NCAA rules introduced in 2021. NCAA rules still forbid schools from paying their athletes.

What in-house policies, procedures, and processes need to be updated, created, or deleted?

We are updating our current Student-Athlete handbook with all new 3C2A Constitutions and Bylaws.

## Collaboration with Other Areas Response

What areas and/or administrative units are integral to the work of your area and why? Please provide examples of collaborating with other areas on projects, process improvement, etc.

BCC Athletics currently works with the EOPS throughout the year in assisting with the unloading, setup and distributing of the pantry and produce market. We will continue to support our colleagues in EOPS and help out at any and all events. This will help build character, community, and develop future leadership for our student athletes.

What other areas have you worked with? Please provide examples of collaborating with other areas on projects, process improvement, etc.

BCC Athletics also works well with the LRC, as they help us with our weekly study hall for the student athletes. BCC athletics has also worked with ASG in developing an athletics club as well as provided ASG with a bus for an event with the Ontario Reign Hockey team. BCC Athletics has supported the BCC Foundation in their annual Golf Tournament. BCC Athletics also collaborates with Dr. Banton and The Mindful Space to hold monthly Wellness meetings with our student athletes.

What other areas do you want or need to work with more and why?

BCC Athletics would like to work with the CTE Department in developing some kind of Social Media event and Fundraiser. BCC athletics will continue to work with all the above departments throughout the 2024-2025 school year and beyond.

## Staffing

Area Organization – state any changes in past few years

BCC Athletics has hired a Full-time Associate Dean/Director of Kinesiology and Athletics, an Athletics Specialist and an Athletic Trainer. BCC Athletics has hired a new Baseball coach, Softball Coach, Women's Basketball Coach and Men's Basketball Coach. BCC Athletics is also in the process of hiring a Men's and Women's Cross Country Coach.

Please list any professional development that staff has participated in (Standard 3.2)

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BCC Athletics Associate Dean/Director of Kinesiology and Athletics participated in the 3C2A 2023 Fall and 2024 Spring Conferences, the 2023 & 2024 IEAC Summit, and the CCCADA 2023 & 2024 Convention. BCC Athletics Specialist participated in the 3C2A 2023 Fall and 2024 Spring Conferences, the 2023 & 2024 IEAC Summit, 2024 CCCADA Convention. BCC Athletic Trainer attended the CCCATA Conference in Long Beach, the CCCATA Conference in Palm Springs and the IEAC Summit in 2023 & 2024.

Please list any professional development staff would benefit from (Standard 3.2)

The BCC Athletic Staff attends many Conferences and Conventions throughout the school year and will continue to attend.

Do staff receive an annual employee evaluation on a regular basis (Standard 3.3)? If no, please explain.

Yes, the BCC Athletic Staff receives annual evaluations.

Is the staffing within the department sufficient to meet all responsibilities in a timely manner and support internal and external customers adequately (Standard 2.7)?

At this time we are sufficiently staffed to meet all our needs in the Athletic Department. As we grow and add more sports programs, we will assess if we need more staff.

### Area Effectiveness Data and Analysis

#### Satisfaction Surveys

Click or tap here to enter text.

#### Audits, project tracking, etc.

Click or tap here to enter text.

#### Student Equity Data

Specifically discuss any equity gaps that have surfaced in the data. What innovative plans or projects will help to close these gaps?

With the dropping of Softball and Women's Basketball, BCC Athletics is not in Title IX Compliance. Softball and Women's Basketball is back up and running for the 2024-2025 Seasons, this will put us back in Title IX Compliance.

#### Institution-set Standards

If applicable, reflect on how the department/unit assists the college in reaching the institution-set standards and stretch goals. What innovative plans or projects will help to address any deficiencies.

Click or tap here to enter text.

#### Other Supporting Data (Qualitative or Quantitative)

Click or tap here to enter text.

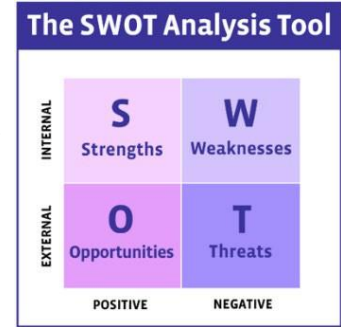
# Non-Instructional Program Review Template

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## SWOT Analysis

Conducting a SWOT Analysis (Strengths, Weaknesses, Opportunities, Threats) is another tool that can help areas evaluate themselves. The SWOT Analysis not only looks internally, but externally as well.

The SWOT Analysis provides a way for areas to highlight their accomplishments and also identify possible gaps or issues that need to be addressed.



	Positive/ Helpful	Negative/ Harmful
<b>Internal</b>	<b>STRENGTHS</b> Campus resources, Budgets, personal relations with our student athletes because we are a small school. Easy access to classes.	<b>WEAKNESSES</b> Small school, only one high school in our district to recruit from. The need for on campus housing in order to recruit more out of state student athletes. We do not have any full-time coaches, recruiting and retaining student athletes is a challenge
<b>External</b>	<b>OPPORTUNITIES</b> The ability to add a few more sports programs. More community involvement because we are small. Build new Athletic facilities.	<b>THREATS</b> The retainment of student athletes from year to year. Having only part-time coaches affects our ability to recruit and retain. Not having student housing limits our ability to bring in out of state student athletes, apartments are limited in Barstow.

### III. Goals and Service Area Outcomes (SAOs)/Administrative Unit Outcomes (AUOs)

The purpose of this section is to use data to develop goals, expected SAOs/AUOs for the next three years, and to reflect upon goals and outcomes from the previous cycle

You should reflect on and incorporate the responses from all the previous questions and the SWOT analysis into this section.

As you develop goals and outcomes:

- a. formulate **two to three goals with an expected outcome for each** that will help maintain or enhance program strengths or will act as an intervention to an identified weakness

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(cite evidence from assessment data and/or other area effectiveness data).

- b. indicate the **status** of the SAO/AUO (ex: is the goal or outcome new, a carry-over from the previous program review cycle, etc.)
- c. indicate how each goal and outcome are **aligned** with the College's [Strategic Priorities](#).
- d. indicate how each goal and outcome are **aligned** with the [Pillars of Guided Pathways](#).
- e. List at least one **action/strategy** for each goal/outcome.
- f. Explain how you will **measure** the goal/outcome.
- g. List any **resources** that will be needed to achieve the goal/outcome

## GOAL #1

The Laser Leveling of the Softball and Baseball Fields. This is a process that should be completed at least every five years. The yearly upkeep is around \$1500.00-\$2000.00 per year to add new dirt, which we can cover in our annual budget. The fields have not been laser leveled in over a decade.

### Expected Service Area Outcome/Administrative Unit Outcome

Fields have not had the right dirt or been laser leveled for over 10 years. Dirt is hard and this is a safety hazard. The hard dirt creates bad hops that could result in injury. Also sliding on the dirt has led to serious skin abrasions for the Student-Athletes. We have had several complaints from the opposing teams.

A. This Goal/Outcome is

- New
- Continued
- Modified

*If modified please list how and why.*

Click or tap here to enter text.

B. Alignment to BCC Strategic Priority (Select at least one but choose all that apply)

Strategic Priority 4: Achieve Sustainable Excellence in all Operations

Strategic Priority 1: Innovate to Achieve Equitable Student Success

Choose an item.

Choose an item.

C. Relationship to Guided Pathways

- Clarify the Path
- Entering the Path
- Staying on the Path
- Support Learning

D. Please list actions/strategies for achieving this goal/outcome.

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We have a quote from a local vendor who specializes in this work. The company just completed Barstow High Schools Baseball Field. The past several years M&O orders new dirt and replaces the old dirt, this dirt is not the correct dirt needed for a Baseball or Softball field. The dirt from the new vendor is dirt used on professional and collegiate fields.

- E. Briefly explain how you will measure the goal/outcome.  
Student-Athlete performance and an end of year survey. A playing surface that plays true with no bad hops or bounces. The least risk of injury to the Student-Athletes due to improper playing surface.
- F. Please list resources (if any) that will be needed to achieve the goal/outcome.  
The additional funding will help in achieving this goal. This is a one time costs and the only additional costs will be around \$1500.00 per year to add dirt. This process will last at least 58 years before it has to be completed again.
- 

### GOAL #2

The BCC Athletic Department needs their own cart for transporting our Athletic Trainers Equipment . Most importantly to respond quickly to emergencies that could be occurring at the baseball and the softball field. The cart can also be used to transport athletes who are injured and cannot walk. It takes 5 mins to walk briskly to the softball field (1/4 of mile distance) without carrying any equipment.

#### Expected Service Area Outcome/Administrative Unit Outcome

BCC Athletics needs a cart to transport their Athletic training equipment to the baseball and softball fields. Currently, there is only a dirt road to access the softball field. We are not guaranteed to get a cart from maintenance on a daily basis. Several times during the season we are left without a cart for several reasons such as, no more left or many times they are not working. Our Athletic Trainer needs a cart in case of emergency when she is at the baseball or softball field. Additionally, the cart also serves the purpose of transporting and delivering 10 gallon (heavy) water containers and ice to the Baseball and Softball fields for games and practices.

G. This Goal/Outcome is

- New
- Continued
- Modified

*If modified please list how and why.*

Click or tap here to enter text.

H. Alignment to BCC Strategic Priority (*Select at least one but choose all that apply*)  
Strategic Priority 4: Achieve Sustainable Excellence in all Operations

Strategic Priority 1: Innovate to Achieve Equitable Student Success

Choose an item.

Choose an item.



# Non-Instructional Program Review Template

## I. Relationship to Guided Pathways

- Clarify the Path
- Entering the Path
- Staying on the Path
- Support Learning

J. Please list actions/strategies for achieving this goal/outcome.  
BCC Athletics recently had a quote for a new cart, it was rejected.

K. Briefly explain how you will measure the goal/outcome.  
This resource will greatly improve the athletic trainer's ability to respond quickly to all student-athletes' medical emergencies and injuries, thus improving student-athlete health and safety. In addition to immediate safety concerns this will allow all student athletes to have enough water and ice at their practices and games, reducing the likelihood of heat illness.

L. Please list resources (if any) that will be needed to achieve the goal/outcome.  
M & O is needed for general maintenance of the cart. The plan is to have the cart be housed and charged in the baseball storage shed.

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## GOAL #3

Click or tap here to enter text.

### Expected Service Area Outcome/Administrative Unit Outcome

Click or tap here to enter text.

## M. This Goal/Outcome is

- New
- Continued
- Modified

*If modified please list how and why.*

Click or tap here to enter text.

## N. Alignment to BCC Strategic Priority (Select at least one but choose all that apply)

Choose an item.

Choose an item.

Choose an item.

Choose an item.

# Non-Instructional Program Review Template

## O. Relationship to Guided Pathways

- Clarify the Path
- Entering the Path
- Staying on the Path
- Support Learning

## P. Please list actions/strategies for achieving this goal/outcome.

Click or tap here to enter text.

## Q. Briefly explain how you will measure the goal/outcome.

Click or tap here to enter text.

## R. Please list resources (if any) that will be needed to achieve the goal/outcome.

Click or tap here to enter text.

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### Previous Goals/Outcomes

Were any outcomes discontinued or completed? Please speak to outcomes you are not carrying forward from the previous program review cycle and discuss why.

#### Goal#1

Add more staffing. This goal was completed with the addition of a full time Athletic Director, Athletic Specialist, and Athletic Trainer

#### Goal#2

Adding Equipment Manager. This goal was not completed, we fill it was not necessary to add the equipment manager until we add additional sports.

#### Goal#3

Build Dorm Rooms. This was included by the previous administration, we fill it is a long way away and there are no steps right now to complete this goal. This goal needs an excess of funding and land.

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### IV. Resource Requests

*What does the area need to meet its goals and outcomes? Resource requests should be evidence-based and tied to goals and objectives stated above.*

*Resources may be requested from the following categories:*

- a. Personnel/Staffing*
- b. Technology Resource*
- c. Facilities Resource*
- d. Professional Development*
- e. Other*

*For all resource requests departments/areas should utilize the Budget Allocation Proposal form and submit with their program review. If needed, the Out-of-Cycle BAP form may be submitted for resource requests when completing an Annual Update in Years 2 and 3.*

<b>Goal/ Outcome #</b>	<b>Resource Required</b>	<b>Estimated Cost</b>	<b>BAP Required? Yes or No</b>	<b>If no, indicate funding source</b>
1	Extra Funding/One time Funding	\$22500.00	YES	Click or tap here to enter text.
2	Extra Funding/One time Funding	\$23364.94	Yes	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

# BUDGET ALLOCATION PROPOSAL

cart

Date: <u>6/18/24</u>	Originator: <u>James Stellino, Gloria Basinger, Isabel Carpio</u>		
Program or Department Name: <u>Athletics</u>			
Dean/Vice President/Supervisor: <u>Dr. Jennifer Rodden</u>			
What are you requesting? ( <i>Brief</i> ) <u>Cart for Athletic Trainer and Athletics</u>			
Amount Requested: <u>23364.94</u>	<input checked="" type="checkbox"/> One-time Funding <input type="checkbox"/> Ongoing Funding		
Funding Source (if known): _____			
REQUEST TYPE:			
<input type="checkbox"/> Personnel/Staffing <i>Complete <b>Personnel/Staffing</b> section below</i> <input type="checkbox"/> OTHER	<input type="checkbox"/> Technology Resource <i>Complete <b>Technology</b> section below</i>	<input type="checkbox"/> Facilities Resource <i>Complete <b>Facilities</b> section below</i>	<input checked="" type="checkbox"/> Professional Development <i>Complete <b>Professional Development</b> section below</i>

PERSONNEL/STAFFING REQUEST	
Is the position request for:	<input type="checkbox"/> Faculty <input type="checkbox"/> Classified <input type="checkbox"/> Management/Confidential
Is the position requested:	<input type="checkbox"/> A new classification ( <i>Attach <b>proposed</b> job description, or <b>detailed</b> list of proposed duties</i> ) <input type="checkbox"/> An existing classification <i>Official Job Title:</i> _____
Is the position requested:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time: _____ Months/Year      _____ Hours/Week

TECHNOLOGY RESOURCE REQUEST	
Indicate the category of the request:	<input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Printer/Copier <input type="checkbox"/> Network <input type="checkbox"/> Audio-Visual <input type="checkbox"/> License/Maintenance
Indicate the intended users:	<input type="checkbox"/> Students <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other
Is training required?	<input type="checkbox"/> No <input type="checkbox"/> Yes    Explain: _____
How will it be secured?	<input type="checkbox"/> Alarm <input type="checkbox"/> Secure Room <input type="checkbox"/> Secure Cabinet <input type="checkbox"/> Cable/Lock <input type="checkbox"/> Password
Have you completed and attached the <a href="#">Technology Assessment Form</a> ?	

FACILITIES RESOURCE REQUEST	
Indicate the intended users:	<input type="checkbox"/> Students <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other
Is maintenance required?	<input type="checkbox"/> No <input type="checkbox"/> Yes    Explain: _____

# BUDGET ALLOCATION PROPOSAL

PROFESSIONAL DEVELOPMENT REQUEST				
Indicate the intended users:	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Faculty	<input checked="" type="checkbox"/> Staff	<input type="checkbox"/> Other
Do other internal areas/departments need to be involved?	M&O for Storage and light maintenance			
<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	Explain: _____		
Is technology needed?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Explain: _____	

1. Why is the request being made?

Athletics and the Athletic Trainer need their own cart for several reasons. Most importantly to respond quickly to emergencies that could be occurring at the baseball and the softball field. The cart can also be used to transport athletes who are injured and cannot walk. It takes 5 mins to walk briskly to the softball field (1/4 of mile distance) without carrying any equipment. Additionally, the cart also serves the purpose of transporting and delivering 10 gallon (heavy) water containers and ice to the Baseball and Softball fields for games and practices.

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).

The BCC Athletic Department needs their own cart for transporting our Athletic Trainers Equipment. Most importantly to respond quickly to emergencies that could be occurring at the baseball and the softball field. The cart can also be used to transport athletes who are injured and cannot walk. It takes 5 mins to walk briskly to the softball field (1/4 of mile distance) without carrying any equipment. **This from Goal #2**

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).

c) How was this included in the Area Goals section of your Program Review? Please cite section/item number and include the text.

3. 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? Example: [Technology Assessment Form](#) (This question is not required for Personnel/Staffing requests.)

M & O is needed for general maintenance of the cart. The plan is to have the cart be housed and charged in the baseball storage shed.

## BUDGET ALLOCATION PROPOSAL

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4. a) How will this resource improve student success or institutional services?

This resource will greatly improve the athletic trainer's ability to respond quickly to all student-athletes' medical emergencies and injuries, thus improving student-athlete health and safety. In addition to immediate safety concerns this will allow all student athletes to have enough water and ice at their practices and games, reducing the likelihood of heat illness.

b) What data will you gather and analyze to demonstrate that your proposal is meeting this goal(s)?

Healthy Roster is our injury reporting software, any injuries that require the use of the cart will be documented as such.

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](#)

BCC is committed to providing our students with the educational tools to achieve personal goals. Our Student-Athlete's goals are to participate in athletics while receiving an education for professional growth.

2. [Strategic Priorities / Strategic Goals](#)

Continue to develop programming that welcomes and brings the community to the college to showcase the Performing Arts Center, the Wellness Center, Athletic contests and events that elevate the community and create awareness of college offerings and opportunity

3. [Educational Master Plan](#)

The EMP was developed to offer a comprehensive view of the instructional and related student support service efforts of the college. It documents the educational needs of the students.

4. Others: Such as [Technology Plan](#) , [Facilities Master Plan](#) , [HR Staffing Plan](#) , [Professional Development Plan](#)

N/A

# BUDGET ALLOCATION PROPOSAL

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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: \_\_\_\_\_

# BUDGET ALLOCATION PROPOSAL

Date: <u>6/18/24</u>	Originator: <u>James Stellino, Isabel Carpio, Gloria Basinger</u>		
Program or Department Name:	<u>Athletics</u>		
Dean/Vice President/Supervisor:	<u>James Stellino</u>		
What are you requesting? ( <i>Brief</i> )	<u>Laser Level/New Dirt for Baseball &amp; Softball Fields</u>		
Amount Requested: <u>\$22500.00</u>	<input checked="" type="checkbox"/> One-time Funding	<input type="checkbox"/> Ongoing Funding	
Funding Source (if known):	_____		
REQUEST TYPE:			
<input type="checkbox"/> Personnel/Staffing <small>Complete <i>Personnel/Staffing</i> section below</small> <input type="checkbox"/> OTHER	<input type="checkbox"/> Technology Resource <small>Complete <i>Technology</i> section below</small>	<input checked="" type="checkbox"/> Facilities Resource <small>Complete <i>Facilities</i> section below</small>	<input type="checkbox"/> Professional Development <small>Complete <i>Professional Development</i> section below</small>

PERSONNEL/STAFFING REQUEST	
Is the position request for:	<input type="checkbox"/> Faculty <input type="checkbox"/> Classified <input type="checkbox"/> Management/Confidential
Is the position requested:	<input type="checkbox"/> A new classification (Attach <i>proposed</i> job description, or <i>detailed</i> list of proposed duties) <input type="checkbox"/> An existing classification <i>Official Job Title:</i> _____
Is the position requested:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time: _____ Months/Year    _____ Hours/Week

TECHNOLOGY RESOURCE REQUEST	
Indicate the category of the request:	
<input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Printer/Copier <input type="checkbox"/> Network <input type="checkbox"/> Audio-Visual <input type="checkbox"/> License/Maintenance	
Indicate the intended users:	
<input type="checkbox"/> Students <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other	
Is training required? <input type="checkbox"/> No <input type="checkbox"/> Yes    Explain: _____	
How will it be secured? <input type="checkbox"/> Alarm <input type="checkbox"/> Secure Room <input type="checkbox"/> Secure Cabinet <input type="checkbox"/> Cable/Lock <input type="checkbox"/> Password	
Have you completed and attached the <a href="#">Technology Assessment Form</a> ?	

FACILITIES RESOURCE REQUEST	
Indicate the intended users:	
<input checked="" type="checkbox"/> Students <input type="checkbox"/> Faculty <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Other	
General upkeep such as Dragging, Watering, and	
Is maintenance required? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes    Explain: <u>Spiking the Field</u>	



# BUDGET ALLOCATION PROPOSAL

PROFESSIONAL DEVELOPMENT REQUEST				
Indicate the intended users:	<input type="checkbox"/> Students	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Other
Do other internal areas/departments need to be involved?				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain: _____		
Is technology needed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain: _____	

1. Why is the request being made?

The need for Laser leveling and new dirt on the Baseball and Softball Fields is overdue by 10+ years. Adding dirt every year is not the answer, we need the right dirt and it needs to be professionally leveled to create the correct playing surface.

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).

The dirt on the Baseball & Softball fields have not been properly replaced in over 10 years. The dirt is very hard and causes bad hops which increases the risk of injury to our Student-Athletes. Several of our Student-Athletes received bad contusions as a result of sliding on the hard dirt.

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).

Baseball & Softball Fields have not had the right dirt or been laser leveled for over 10 years. Dirt is hard and this is a safety hazard. The hard dirt creates bad hops that could result in injury. Also sliding on the dirt has led to serious skin abrasions for the Student-Athletes.

c) How was this included in the Area Goals section of your Program Review? Please cite section/item number and include the text.

This is included in Goal#2 of the Program Review Update. Section II, Item B. Laser Level/New Dirt for the Baseball & Softball Fields.

3. 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?

Example: [Technology Assessment Form](#)

*(This question is not required for Personnel/Staffing requests.)*

The funds are needed in the Athletic Department budget, extra funding is the resource needed. No other departments are affected.

4. a) How will this resource improve student success or institutional services?

Keeping our Athletic Fields in proper working condition will increase the success of our Student-Athletes, as well as keep Student-Athletes that participate on our fields safe from injury.

## BUDGET ALLOCATION PROPOSAL

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- b) What data will you gather and analyze to demonstrate that your proposal is meeting this goal(s)?

Student-Athletes surveys and the reviews from other Coaches and players that play at our Facility. Opponents have complained about the conditions of our field and were worried about potential injuries due to the hard surface.

- 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](#)

BCC is committed to providing our students with the educational tools to achieve personal goals. Our Student-Athlete's goals are to participate in athletics while receiving an education for professional growth.

2. [Strategic Priorities / Strategic Goals](#)

Continue to develop programming that welcomes and brings the community to the college to showcase the Performing Arts Center, the Wellness Center, Athletic contests and events that elevate the community and create awareness of college offerings and opportunity

3. [Educational Master Plan](#)

The EMP was developed to offer a comprehensive view of the instructional and related student support service efforts of the college. It documents the educational needs of the students.

4. Others: Such as [Technology Plan](#) , [Facilities Master Plan](#), [HR Staffing Plan](#), [Professional Development Plan](#)

The FMP provides a current perspective for future academic and support service space, buildings, and overall campus development. The FMP supports the development of the institution through the year 2030. The plan is intended to serve as a framework for campus development.

# BUDGET ALLOCATION PROPOSAL

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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: \_\_\_\_\_

# BUDGET ALLOCATION PROPOSAL

Date: <u>2/24/25</u> Originator: <u>James Stellino</u>	
Program or Department Name: <u>Academic Affairs/Athletics</u>	
Dean/Vice President/Supervisor: <u>James Stellino</u>	
What are you requesting? ( <i>Brief</i> ) <u>Increase in Membership Dues</u>	
Amount Requested: <u>\$8875.00</u> <input type="checkbox"/> One-time Funding <input checked="" type="checkbox"/> Ongoing Funding	
Funding Source (if known): _____	
REQUEST TYPE:	
<input type="checkbox"/> Personnel/Staffing <small>Complete <i>Personnel/Staffing</i> section below</small> <input type="checkbox"/> OTHER	<input type="checkbox"/> Technology Resource <small>Complete <i>Technology</i> section below</small>
<input type="checkbox"/> Facilities Resource <small>Complete <i>Facilities</i> section below</small>	<input checked="" type="checkbox"/> Professional Development <small>Complete <i>Professional Development</i> section below</small>

PERSONNEL/STAFFING REQUEST
Is the position request for: <input type="checkbox"/> Faculty <input type="checkbox"/> Classified <input type="checkbox"/> Management/Confidential
Is the position requested: <input type="checkbox"/> A new classification (Attach <i>proposed</i> job description, or <i>detailed</i> list of proposed duties)
<input type="checkbox"/> An existing classification      Official Job Title: _____
Is the position requested: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time: _____ Months/Year      _____ Hours/Week

TECHNOLOGY RESOURCE REQUEST
Indicate the category of the request: <input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Printer/Copier <input type="checkbox"/> Network <input type="checkbox"/> Audio-Visual <input type="checkbox"/> License/Maintenance
Indicate the intended users: <input type="checkbox"/> Students <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other
Is training required? <input type="checkbox"/> No <input type="checkbox"/> Yes    Explain: _____
How will it be secured? <input type="checkbox"/> Alarm <input type="checkbox"/> Secure Room <input type="checkbox"/> Secure Cabinet <input type="checkbox"/> Cable/Lock <input type="checkbox"/> Password
Have you completed and attached the <a href="#">Technology Assessment Form</a> ?

FACILITIES RESOURCE REQUEST
Indicate the intended users: <input type="checkbox"/> Students <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other
Is maintenance required? <input type="checkbox"/> No <input type="checkbox"/> Yes    Explain: _____

# BUDGET ALLOCATION PROPOSAL

## PROFESSIONAL DEVELOPMENT REQUEST

Indicate the intended users:  Students  Faculty  Staff  Other

Do other internal areas/departments need to be involved?

No  Yes Explain: \_\_\_\_\_

Is technology needed?  No  Yes Explain: \_\_\_\_\_

### 1. Why is the request being made?

Dues and Memberships have increased every year. 3C2A dues are \$8125.00 per year and IEAC dues are \$13000.00 per year. Our current budget gives us \$12600.00.

### 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).

We were notified of the increase in dues after the program review was submitted.

### 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).

These fees are needed for the Athletic programs to compete in state and conference events.

### c) How was this included in the Area Goals section of your Program Review? Please cite section/item number and include the text.

We were notified of the increase in dues after the program review was submitted.

### 3. 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?

Example: [Technology Assessment Form](#)

*(This question is not required for Personnel/Staffing requests.)*

### 4. a) How will this resource improve student success or institutional services?

This will allow the athletic programs to continue competing in 3C2A events

## BUDGET ALLOCATION PROPOSAL

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b) What data will you gather and analyze to demonstrate that your proposal is meeting this goal(s) ?

The increase in dues is stated in the invoices we receive from the state and IEAC

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](#)

2. [Strategic Priorities / Strategic Goals](#)

3. [Educational Master Plan](#)

4. Others: Such as [Technology Plan](#) , [Facilities Master Plan](#), [HR Staffing Plan](#), [Professional Development Plan](#)

# BUDGET ALLOCATION PROPOSAL

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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: \_\_\_\_\_

# BUDGET ALLOCATION PROPOSAL

Date: <u>2/24/25</u> Originator: <u>James Stellino</u>	
Program or Department Name: <u>Academic Affairs/Athletics</u>	
Dean/Vice President/Supervisor: <u>James Stellino</u>	
What are you requesting? ( <i>Brief</i> ) <u>Increase in Student Meals &amp; Lodging</u>	
Amount Requested: <u>\$18000.00</u> <input type="checkbox"/> One-time Funding <input checked="" type="checkbox"/> Ongoing Funding	
Funding Source (if known): _____	
REQUEST TYPE:	
<input type="checkbox"/> Personnel/Staffing <small>Complete <i>Personnel/Staffing</i> section below</small> <input type="checkbox"/> OTHER	<input type="checkbox"/> Technology Resource <small>Complete <i>Technology</i> section below</small>
<input type="checkbox"/> Facilities Resource <small>Complete <i>Facilities</i> section below</small>	<input checked="" type="checkbox"/> Professional Development <small>Complete <i>Professional Development</i> section below</small>

PERSONNEL/STAFFING REQUEST
Is the position request for: <input type="checkbox"/> Faculty <input type="checkbox"/> Classified <input type="checkbox"/> Management/Confidential
Is the position requested: <input type="checkbox"/> A new classification (Attach <i>proposed</i> job description, or <i>detailed</i> list of proposed duties)
<input type="checkbox"/> An existing classification      Official Job Title: _____
Is the position requested: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time: _____ Months/Year      _____ Hours/Week

TECHNOLOGY RESOURCE REQUEST
Indicate the category of the request:
<input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Printer/Copier <input type="checkbox"/> Network <input type="checkbox"/> Audio-Visual <input type="checkbox"/> License/Maintenance
Indicate the intended users:
<input type="checkbox"/> Students <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other
Is training required? <input type="checkbox"/> No <input type="checkbox"/> Yes    Explain: _____
How will it be secured? <input type="checkbox"/> Alarm <input type="checkbox"/> Secure Room <input type="checkbox"/> Secure Cabinet <input type="checkbox"/> Cable/Lock <input type="checkbox"/> Password
Have you completed and attached the <a href="#">Technology Assessment Form</a> ?

FACILITIES RESOURCE REQUEST
Indicate the intended users:
<input type="checkbox"/> Students <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other
Is maintenance required? <input type="checkbox"/> No <input type="checkbox"/> Yes    Explain: _____



# BUDGET ALLOCATION PROPOSAL

## PROFESSIONAL DEVELOPMENT REQUEST

Indicate the intended users:  Students  Faculty  Staff  Other

Do other internal areas/departments need to be involved?

No  Yes Explain: \_\_\_\_\_

Is technology needed?  No  Yes Explain: \_\_\_\_\_

### 1. Why is the request being made?

Food and Hotels have increased in price over the past several years. We are now giving each student athlete \$15.00 per day meal money, up from \$12.00. With the increase in food prices, to get a nutritious meal, we would like to increase that to \$20.00 per day. The current budget is allotting each student athlete \$12.00 per day. An average day on the road for a student athlete is 10-12 hours with travel.

### 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).

### 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).

### c) How was this included in the Area Goals section of your Program Review? Please cite section/item number and include the text.

### 3. 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? Example: [Technology Assessment Form](#)

*(This question is not required for Personnel/Staffing requests.)*

### 4. a) How will this resource improve student success or institutional services?

This will allow student athletes to eat a healthier meal on the road games.

## BUDGET ALLOCATION PROPOSAL

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b) What data will you gather and analyze to demonstrate that your proposal is meeting this goal(s) ?

The average cost of food and hotels has increased significantly over the past several years, the allotted meal money is still budgeted for \$12.00 per student athlete.

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](#)

2. [Strategic Priorities / Strategic Goals](#)

3. [Educational Master Plan](#)

4. Others: Such as [Technology Plan](#) , [Facilities Master Plan](#), [HR Staffing Plan](#), [Professional Development Plan](#)

# BUDGET ALLOCATION PROPOSAL

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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: \_\_\_\_\_

# BUDGET ALLOCATION PROPOSAL

Date: <u>2/24/25</u> Originator: <u>James Stellino</u>	
Program or Department Name: <u>Academic Affairs/Athletics</u>	
Dean/Vice President/Supervisor: <u>James Stellino</u>	
What are you requesting? ( <i>Brief</i> ) <u>Increase in Student Travel/Vehicle Rentals</u>	
Amount Requested: <u>\$30000.00</u> <input type="checkbox"/> One-time Funding <input checked="" type="checkbox"/> Ongoing Funding	
Funding Source (if known): _____	
REQUEST TYPE:	
<input type="checkbox"/> Personnel/Staffing <small>Complete <i>Personnel/Staffing</i> section below</small> <input type="checkbox"/> OTHER	<input type="checkbox"/> Technology Resource <small>Complete <i>Technology</i> section below</small>
<input type="checkbox"/> Facilities Resource <small>Complete <i>Facilities</i> section below</small>	<input checked="" type="checkbox"/> Professional Development <small>Complete <i>Professional Development</i> section below</small>

PERSONNEL/STAFFING REQUEST
Is the position request for: <input type="checkbox"/> Faculty <input type="checkbox"/> Classified <input type="checkbox"/> Management/Confidential
Is the position requested: <input type="checkbox"/> A new classification (Attach <i>proposed</i> job description, or <i>detailed</i> list of proposed duties)
<input type="checkbox"/> An existing classification      Official Job Title: _____
Is the position requested: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time: _____ Months/Year      _____ Hours/Week

TECHNOLOGY RESOURCE REQUEST
Indicate the category of the request: <input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Printer/Copier <input type="checkbox"/> Network <input type="checkbox"/> Audio-Visual <input type="checkbox"/> License/Maintenance
Indicate the intended users: <input type="checkbox"/> Students <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other
Is training required? <input type="checkbox"/> No <input type="checkbox"/> Yes      Explain: _____
How will it be secured? <input type="checkbox"/> Alarm <input type="checkbox"/> Secure Room <input type="checkbox"/> Secure Cabinet <input type="checkbox"/> Cable/Lock <input type="checkbox"/> Password
Have you completed and attached the <a href="#">Technology Assessment Form</a> ?

FACILITIES RESOURCE REQUEST
Indicate the intended users: <input type="checkbox"/> Students <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other
Is maintenance required? <input type="checkbox"/> No <input type="checkbox"/> Yes    Explain: _____

# BUDGET ALLOCATION PROPOSAL

## PROFESSIONAL DEVELOPMENT REQUEST

Indicate the intended users:  Students  Faculty  Staff  Other

Do other internal areas/departments need to be involved?

No  Yes Explain: \_\_\_\_\_

Is technology needed?  No  Yes Explain: \_\_\_\_\_

### 1. Why is the request being made?

The previous four years, student travel and vehicle rental had been as much as \$130,000 per year. The past two years, we have lowered that to around \$70,000. We are only allotted \$30,000 per year. We need an increase of \$30,000 to continue to get our student athletes to events. We now have a long-term rental company where we can keep the costs down and sustainable with only a slight increase per year.

### 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).

### 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).

These fees are needed for the Athletic programs to travel to away events.

### c) How was this included in the Area Goals section of your Program Review? Please cite section/item number and include the text.

### 3. 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? Example: [Technology Assessment Form](#)

*(This question is not required for Personnel/Staffing requests.)*

### 4. a) How will this resource improve student success or institutional services?

This will allow the athletic programs to continue competing in away 3C2A events

## BUDGET ALLOCATION PROPOSAL

---

b) What data will you gather and analyze to demonstrate that your proposal is meeting this goal(s) ?

With added athletic programs, our travel costs will remain the same because of the long term rental vehicles set price.

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](#)

2. [Strategic Priorities / Strategic Goals](#)

3. [Educational Master Plan](#)

4. Others: Such as [Technology Plan](#) , [Facilities Master Plan](#), [HR Staffing Plan](#), [Professional Development Plan](#)

# BUDGET ALLOCATION PROPOSAL

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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: \_\_\_\_\_

# BUDGET ALLOCATION PROPOSAL

Date: <u>2/24/25</u> Originator: <u>James Stellino</u>	
Program or Department Name: <u>Academic Affairs/Athletics</u>	
Dean/Vice President/Supervisor: <u>James Stellino</u>	
What are you requesting? ( <i>Brief</i> ) <u>Increase in Travel Expenses</u>	
Amount Requested: <u>\$6510.00</u>	<input type="checkbox"/> One-time Funding <input checked="" type="checkbox"/> Ongoing Funding
Funding Source (if known): _____	
REQUEST TYPE:	
<input type="checkbox"/> Personnel/Staffing <small>Complete <i>Personnel/Staffing</i> section below</small> <input type="checkbox"/> OTHER	<input type="checkbox"/> Technology Resource <small>Complete <i>Technology</i> section below</small>
<input type="checkbox"/> Facilities Resource <small>Complete <i>Facilities</i> section below</small>	<input checked="" type="checkbox"/> Professional Development <small>Complete <i>Professional Development</i> section below</small>

PERSONNEL/STAFFING REQUEST
Is the position request for: <input type="checkbox"/> Faculty <input type="checkbox"/> Classified <input type="checkbox"/> Management/Confidential Is the position requested: <input type="checkbox"/> A new classification (Attach <i>proposed</i> job description, or <i>detailed</i> list of proposed duties) <input type="checkbox"/> An existing classification                Official Job Title: _____ Is the position requested: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time:                _____ Months/Year                _____ Hours/Week

TECHNOLOGY RESOURCE REQUEST
Indicate the category of the request: <input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Printer/Copier <input type="checkbox"/> Network <input type="checkbox"/> Audio-Visual <input type="checkbox"/> License/Maintenance Indicate the intended users: <input type="checkbox"/> Students <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other Is training required? <input type="checkbox"/> No <input type="checkbox"/> Yes                Explain: _____ How will it be secured? <input type="checkbox"/> Alarm <input type="checkbox"/> Secure Room <input type="checkbox"/> Secure Cabinet <input type="checkbox"/> Cable/Lock <input type="checkbox"/> Password Have you completed and attached the <a href="#">Technology Assessment Form</a> ?

FACILITIES RESOURCE REQUEST
Indicate the intended users: <input type="checkbox"/> Students <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other Is maintenance required? <input type="checkbox"/> No <input type="checkbox"/> Yes                Explain: _____



# BUDGET ALLOCATION PROPOSAL

## PROFESSIONAL DEVELOPMENT REQUEST

Indicate the intended users:  Students  Faculty  Staff  Other

Do other internal areas/departments need to be involved?

No  Yes Explain: \_\_\_\_\_

Is technology needed?  No  Yes Explain: \_\_\_\_\_

### 1. Why is the request being made?

We would like the budgets to be increased for travel expenses for coaches. All our coaches travel for recruiting all year, with much of it out of state. This also covers the driver's meal reimbursements. We would like all the programs to have an equal amount across the board, right now it fluctuates from \$4000.00 to \$6500.00. I am proposing \$7000.00 across the board. We have had to make several budget transfers this year.

### 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).

### 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).

### c) How was this included in the Area Goals section of your Program Review? Please cite section/item number and include the text.

### 3. 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?

Example: [Technology Assessment Form](#)

*(This question is not required for Personnel/Staffing requests.)*

### 4. a) How will this resource improve student success or institutional services?

## BUDGET ALLOCATION PROPOSAL

---

b) What data will you gather and analyze to demonstrate that your proposal is meeting this goal(s)?

Increase in food and fuel over the past several years, we need to increase the travel expenses for coaches and drivers.

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](#)

2. [Strategic Priorities / Strategic Goals](#)

3. [Educational Master Plan](#)

4. Others: Such as [Technology Plan](#) , [Facilities Master Plan](#), [HR Staffing Plan](#), [Professional Development Plan](#)

# BUDGET ALLOCATION PROPOSAL

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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: \_\_\_\_\_

# BUDGET ALLOCATION PROPOSAL

Date: <u>2/24/25</u> Originator: <u>James Stellino</u>	
Program or Department Name: <u>Academic Affairs/Athletics</u>	
Dean/Vice President/Supervisor: <u>James Stellino</u>	
What are you requesting? ( <i>Brief</i> ) <u>Increase in Umpire/Referee Fees</u>	
Amount Requested: <u>\$13195.00</u>	<input type="checkbox"/> One-time Funding <input checked="" type="checkbox"/> Ongoing Funding
Funding Source (if known): _____	
REQUEST TYPE:	
<input type="checkbox"/> Personnel/Staffing <small>Complete <i>Personnel/Staffing</i> section below</small> <input type="checkbox"/> OTHER	<input type="checkbox"/> Technology Resource <small>Complete <i>Technology</i> section below</small>
<input type="checkbox"/> Facilities Resource <small>Complete <i>Facilities</i> section below</small>	<input checked="" type="checkbox"/> Professional Development <small>Complete <i>Professional Development</i> section below</small>

PERSONNEL/STAFFING REQUEST
Is the position request for: <input type="checkbox"/> Faculty <input type="checkbox"/> Classified <input type="checkbox"/> Management/Confidential
Is the position requested: <input type="checkbox"/> A new classification (Attach <i>proposed</i> job description, or <i>detailed</i> list of proposed duties)
<input type="checkbox"/> An existing classification      Official Job Title: _____
Is the position requested: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time:              _____ Months/Year              _____ Hours/Week

TECHNOLOGY RESOURCE REQUEST
Indicate the category of the request: <input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Printer/Copier <input type="checkbox"/> Network <input type="checkbox"/> Audio-Visual <input type="checkbox"/> License/Maintenance
Indicate the intended users: <input type="checkbox"/> Students <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other
Is training required? <input type="checkbox"/> No <input type="checkbox"/> Yes    Explain: _____
How will it be secured? <input type="checkbox"/> Alarm <input type="checkbox"/> Secure Room <input type="checkbox"/> Secure Cabinet <input type="checkbox"/> Cable/Lock <input type="checkbox"/> Password
Have you completed and attached the <a href="#">Technology Assessment Form</a> ?

FACILITIES RESOURCE REQUEST
Indicate the intended users: <input type="checkbox"/> Students <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other
Is maintenance required? <input type="checkbox"/> No <input type="checkbox"/> Yes    Explain: _____

# BUDGET ALLOCATION PROPOSAL

## PROFESSIONAL DEVELOPMENT REQUEST

Indicate the intended users:  Students  Faculty  Staff  Other

Do other internal areas/departments need to be involved?

No  Yes Explain: \_\_\_\_\_

Is technology needed?  No  Yes Explain: \_\_\_\_\_

### 1. Why is the request being made?

Umpire and Referee fees increase every year. We are allotted \$14805.00 for umpire and referee fees per year. The average year we spend \$28000.00 on referees and umpires.

### 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).

### 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).

These fees are needed for the Athletic programs to pay for the mandatory umpire and referee fees,

### c) How was this included in the Area Goals section of your Program Review? Please cite section/item number and include the text.

### 3. 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?

Example: [Technology Assessment Form](#)

*(This question is not required for Personnel/Staffing requests.)*

### 4. a) How will this resource improve student success or institutional services?

This will allow the athletic programs to continue competing and hosting home events.

## BUDGET ALLOCATION PROPOSAL

---

b) What data will you gather and analyze to demonstrate that your proposal is meeting this goal(s) ?

The umpire and referee fees increase an average of 5-10% per year. Our budgets have not increased over the past four years.

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](#)

2. [Strategic Priorities / Strategic Goals](#)

3. [Educational Master Plan](#)

4. Others: Such as [Technology Plan](#) , [Facilities Master Plan](#), [HR Staffing Plan](#), [Professional Development Plan](#)

# BUDGET ALLOCATION PROPOSAL

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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: \_\_\_\_\_