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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.**

|  |
| --- |
| **1. Why is the request being made?** |
| |  | | --- | |  | |
| **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).** |
| |  | | --- | |  | |
| 1. **How was this included in the Action Plan of your Program Review? Please cite section/item number and include the text.** |
| |  | | --- | |  | |
| 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.)*** |
| |  | | --- | |  | |
| **4. a) Describe the goal(s) for this proposal. How will this improve student success or institutional services?** |
| |  | | --- | |  | |
| 1. **What data will you gather and analyze to demonstrate that your proposal is meeting this goal(s)?** |
| |  | | --- | |  | |
| **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) |
| |  | | --- | |  | |
| **2.** [**Strategic Priorities**](http://www.barstow.edu/ie_planning.html) **/** [**Strategic**](http://www.barstow.edu/ie_planning.html) **Goals** |
| |  | | --- | |  | |
| **3.** [**Educational Master Plan**](http://www.barstow.edu/ie_planning.html) |
| |  | | --- | |  | |
| **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:** | |  | | |