

Non-Instructional Program Review- Annual Update Template

Service Area/Administrative Unit

Non-Instructional Program Name: Athletics

Academic Year: 2025-2026

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

Annual Update #1 ☒ #2 ☐

**Note: An Annual Update must be submitted each year that a Program Review is not submitted.*

I. Progress on Goals and Outcomes (SAOs/AUOs)

A) List the 2-3 goals and related outcomes for your unit:

(These should be carried forward from your full Program Review, or from your Annual Update #1 if revised since your full Program Review)

1. GOAL #1

The Laser Leveling of the Softball Field. This is a process that should be completed at least every three 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

Field has not had the right dirt or been laser leveled for over 12 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.

2. GOAL #2

Increase in Student Travel/Vehicle Rentals

Expected Service Area Outcome/Administrative Unit Outcome

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.

3. GOAL #3

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

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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.

B) Have any goals been completed or discontinued?

If yes, please list the goal and whether it has been completed or discontinued; if discontinued, please explain why.

Yes ☒

No ☐

The new dirt and laser leveling of the baseball field was completed

C) Discuss the actions/strategies related to each goal and your progress on each of these. If you have not begun an(y) action/strategy please list why.

1. GOAL #1 Action/Strategies

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.

Discuss any progress on Action/Strategies.

We have a quote from the company that completed our Baseball Field

Briefly explain how you have been measuring the goal and any notable indicators of forward progress.

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.

2. GOAL #2 Action/Strategies

Every year we are short \$40,000 in our transportation budget.

Discuss any progress on Action/Strategies

We have asked for an increase

Briefly explain how you have been measuring the goal and any notable indicators of forward progress.

Getting our Student Athletes to away event safely

Non-Instructional Program Review- Annual Update Template

3. GOAL #3 Action/Strategies

BCC Athletics recently had a quote for a new cart, it was rejected.

Discuss any progress on Action/Strategies

We still have a quote for a new cart

Briefly explain how you have been measuring the goal and any notable indicators of forward progress.

This resource will greatly improve the athletic trainer's ability to respond quickly to all studentathletes' 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.

D) List any resources you are requesting for each goal.

1. Goal 1 ☒ Goal 2 ☐ Goal 3 ☐

Please list the resource and how it relates to the goal.

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 3 years before it has to be completed again.

2. Goal 1 ☐ Goal 2 ☒ Goal 3 ☐

Please list the resource and how it relates to the goal.

The additional funding will guarantee our student athletes get to away events on time and safely.

3. Goal 1 ☐ Goal 2 ☐ Goal 3 ☒

Please list the resource and how it relates to the goal.

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.

II. New Goals (optional)

This section is optional and should be used to replace a completed or discontinued goal OR if a new goal has become necessary for the service area or administrative unit.

A. NEW GOAL #1

Click or tap here to enter text.

Expected Service Area Outcome/Administrative Unit Outcome

Click or tap here to enter text.

Non-Instructional Program Review- Annual Update Template

1. 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.

2. Relationship to Guided Pathways

☐ Clarify the Path

☐ Entering the Path

☐ Staying on the Path

☐ Support Learning

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

Click or tap here to enter text.

4. Briefly explain how you will measure the goal/outcome.

Click or tap here to enter text.

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

Click or tap here to enter text.

B. NEW GOAL #2

Click or tap here to enter text.

Expected Service Area Outcome/Administrative Unit Outcome

Click or tap here to enter text.

6. 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- Annual Update Template

7. Relationship to Guided Pathways

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

8. Please list actions/strategies for achieving this goal/outcome.
Click or tap here to enter text.

9. Briefly explain how you will measure the goal/outcome.
Click or tap here to enter text.

10. Please list resources (if any) that will be needed to achieve the goal/outcome.
Click or tap here to enter text.

Non-Instructional Program Review- Annual Update Template

III. Resource Requests:

What does the area need to meet its goals and objectives?

List all resources from Sections I.D and II.10 below.

If there was no room on the template to list all resources being requested for a single goal/objective, you may list additional resource requests here. Also list any resources required to implement planned improvements.

IMPORTANT: A BUDGET ALLOCATION PROPOSAL must be completed and submitted for EACH new resource requested.

Goal/ Outcome #	Resource Required	Estimated Cost	BAP Required? Yes or No	If no, indicate funding source
1	One-time extra funding	\$25,000	Yes	Click or tap here to enter text.
2	On going budget increase	\$40,000	Yes	Click or tap here to enter text.
3	One-time extra funding	\$25,000	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.

BUDGET ALLOCATION PROPOSAL

Date: <u>7/8/25</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>\$40000.00</u> <input type="checkbox"/> One-time Funding <input checked="" type="checkbox"/> Ongoing Funding
Funding Source (if known): _____

REQUEST TYPE:			
<input type="checkbox"/> Personnel/Staffing <i>Complete Personnel/Staffing section below</i> <input type="checkbox"/> OTHER	<input type="checkbox"/> Technology Resource <i>Complete Technology section below</i>	<input type="checkbox"/> Facilities Resource <i>Complete Facilities section below</i>	<input checked="" type="checkbox"/> Professional Development <i>Complete Professional Development 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 (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 Technology Assessment Form ?	

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).

Increase in Student Travel/Vehicle Rentals

Section #1 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).

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.

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.

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.)

Our budget would need an increase. This money is allocated every year from somewhere else.

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

BUDGET ALLOCATION PROPOSAL

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

- 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](#)

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](#)

BUDGET ALLOCATION PROPOSAL

ADMINISTRATIVE USE

Administrator: _____ Title: _____

Comments/Recommendations:

Signature: _____ Date: _____

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>7/8/25</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>Laser Leveling the Softball Field</u>
Amount Requested: <u>\$25,0000</u>	<input checked="" type="checkbox"/> One-time Funding <input type="checkbox"/> Ongoing Funding
Funding Source (if known):	<u></u>

REQUEST TYPE:			
<input type="checkbox"/> Personnel/Staffing <i>Complete Personnel/Staffing section below</i> <input type="checkbox"/> OTHER	<input type="checkbox"/> Technology Resource <i>Complete Technology section below</i>	<input checked="" type="checkbox"/> Facilities Resource <i>Complete Facilities section below</i>	<input type="checkbox"/> Professional Development <i>Complete Professional Development 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 (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> <u></u>
Is the position requested:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time: <u></u> Months/Year <u></u> 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: <u></u>
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 Technology Assessment Form ?	

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
	<u>General upkeep such as Dragging, Watering, and</u>
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 checked="" 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 Softball Field 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 Softball field has 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).

The Softball Field 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#1 of the Program Review Update. Section II, Item A. Laser Level/New Dirt for the Softball Field.

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

- 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

ADMINISTRATIVE USE

Administrator: _____ Title: _____

Comments/Recommendations:

Signature: _____ Date: _____

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>7/8/25</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>Cart for Athletic Trainer</u>
Amount Requested: <u>\$25,0000</u>	<input checked="" type="checkbox"/> One-time Funding <input type="checkbox"/> Ongoing Funding
Funding Source (if known):	<u></u>

REQUEST TYPE:			
<input type="checkbox"/> Personnel/Staffing <i>Complete Personnel/Staffing section below</i> <input type="checkbox"/> OTHER	<input type="checkbox"/> Technology Resource <i>Complete Technology section below</i>	<input type="checkbox"/> Facilities Resource <i>Complete Facilities section below</i>	<input checked="" type="checkbox"/> Professional Development <i>Complete Professional Development 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 (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> <u></u>
Is the position requested:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time: <u></u> Months/Year <u></u> 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: <u></u>
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 Technology Assessment Form ?	

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

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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Explain: _____		
Is technology needed?	<input type="checkbox"/> No	<input checked="" 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 #3

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).

The ability to get to and from facilities during multiple athletic events on campus quickly will help in the safety of our 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.

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. Goal #3

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.)

BUDGET ALLOCATION PROPOSAL

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.

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](#)

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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

ADMINISTRATIVE USE

Administrator: _____ Title: _____

Comments/Recommendations:

Signature: _____ Date: _____

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: _____