

ANTELOPE VALLEY COMMUNITY COLLEGE DISTRICT

BUDGET DEVELOPMENT FISCAL 2016-2017

Resource Allocation Proposal Academic/Non-Operational Request

Budget	Committee	use:

Date Submitted: Originator: Program or Department Name: Lead for Implementation: Campus: Brief Description of Request (Also used on Budget Sheet) Project Start & End Dates: Dept Head Signature: Departments for Coordination: FOAP: Incremental Increase Above Annual Base Budget Annual Check if partial funding is acceptable One Time Funding Amount On Going Funding Amount Minimum amount \$ Briefly describe your request. (100 words or less)

	Planning Documents			
	Check the applicable planning document below that supports your request (Select all that apply):			
Section I	Program Review/Annual Program Assessm	ent Technology Plan		
	Action Plan	Human Resources Plan		
	Educational Master Plan	(List other planning document)		
	Facilities Master Plan			
	Briefly demonstrate how your request is supported by the planning documents listed above:			
	Institutional Goals			
	Check all the applicable Institutional Goals below that support your request (Select all that apply):			
	Student Success	Efficient and Effective Use of Resources		
	Increase in Transfer Rates	Enhancing Community Partnerships		
	Career Tech Expansion	Enhancing Technology Support		
	Basic Skills and ESL			
Section II	Briefly describe how your request supports the institutional goals above:			
n II				

	President's Goals		
Se	Check all the applicable President's Goals below that are supported by your request (Select all that apply):		
	Supports successful preparation for full accreditation process Supports conducting a successful bond campaign Supports completing a new 10-year facilities master plan Supports a fully-integrated system of record implementation and fiscal independence from LACOE Supports completion of 10-year educational master plan supported by a 3-year strategic plan Supports increasing all outcomes on the Student Success Scorecard		
	Supports completely integrating class schedules that is sequenced for degree programs and supports student educational planning		
Section III	& completion		
III	How does your request support the President's goals above?:		
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	Measureable Outcomes		
	What is the measureable outcome of your request?		
	Which learning outcomes are supported by your request?		
Section IV			
ion I			
<	When will the outcomes be measured (timeline)?		
	How will you measure the desired outcomes?		

*NOT FILLING OUT THE SECTIONS IN DETAIL CAN RESULT	IN A SCORE OF 0. PLEASE FILL OUT IN DETAIL TO BE CONSID	<u>)ERED.</u> *
Administrator's Typed or Printed Name		
Administrator's Signature	Date	