ANTELOPE VALLEY COMMUNITY COLLEGE DISTRICT
BUDGET DEVELOPMENT FISCAL 2017-2018
Resource Allocation Proposal
Operational Request

Budget Committee use:
_____

Originator: _____ Date Submitted: _____

Program or Department Name: _____

Lead for Implementation: _____ Campus: _____

Brief Description of Request
(Also used on Budget Sheet) _____

Project Start & End Dates: _____

Departments for Coordination: _____ Dept Head Signature: _____

FOAP: _____

Annual One Time Funding Amount $_____	Incremental Increase Above Annual Base Budget On Going Funding Amount $_____	☐ Check if partial funding is acceptable Minimum amount $_____

Briefly describe your request. (100 words or less)

_____

_____

_____

Section I

Planning Documents

Check the applicable planning document below that supports your request (Select all that apply):

___ Program Review/Annual Program Assessment   ___ 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:

_____

_____

_____

_____

Section II

Institutional Goals

Check all the applicable Institutional Goals below that support your request (Select all that apply):

___ Maintaining Health/Safety   ___ Ensuring Compliance

___ Enhancing Operational Support   ___ Enhancing Community Partnerships

___ EMP Goal #2: Enhancing Efficient & Effective Use of Resources   ___ Enhancing Technology Support

Briefly describe how your request supports the institutional goals above:

_____

_____

_____

_____

_____

_____

Section III

President's Goals

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 & completion
___ Supports completing a three-year integrated planning system that includes Strategic Plan, Facilities, Information Technology, Human Resources staffing, Marketing, Student Equity and Enrollment Management
___ Supports completing construction and moving to the new Palmdale Center location
___ Supports successfully opening the new bachelor's degree program
___ Supports expanding participation and streamlining the participatory governance structure of the college

How does your request support the President's goals above?:

_____
_____
_____
_____
_____

Section IV

Measureable Outcomes

What is the measureable outcome of your request?

_____
_____

Which learning outcomes are supported by your request?

_____
_____

When will the outcomes be measured (timeline)?

_____
_____

How will you measure the desired outcomes?

_____
_____
_____

_____

Administrator's Typed or Printed Name

_____   _____

Administrator's Signature   Date