



**ANTELOPE VALLEY COMMUNITY COLLEGE DISTRICT
BUDGET DEVELOPMENT FISCAL 2016-2017
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: _____

	Incremental Increase
Annual	<u>Above Annual</u> Base Budget
One Time Funding Amount	On Going Funding Amount
\$ _____	\$ _____

Check if partial funding is acceptable
Minimum amount \$ _____

Briefly describe your request. (100 words or less)

Section I	Planning Documents							
	<p>Check the applicable planning document below that supports your request (Select all that apply):</p> <table><tr><td><input type="checkbox"/> Program Review/Annual Program Assessment</td><td><input type="checkbox"/> Technology Plan</td></tr><tr><td><input type="checkbox"/> Action Plan</td><td><input type="checkbox"/> Human Resources Plan</td></tr><tr><td><input type="checkbox"/> Educational Master Plan</td><td><input type="checkbox"/> (List other planning document)</td></tr><tr><td><input type="checkbox"/> Facilities Master Plan</td><td></td></tr></table> <p>Briefly demonstrate how your request is supported by the planning documents listed above:</p> <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Program Review/Annual Program Assessment	<input type="checkbox"/> Technology Plan	<input type="checkbox"/> Action Plan	<input type="checkbox"/> Human Resources Plan	<input type="checkbox"/> Educational Master Plan	<input type="checkbox"/> (List other planning document)	<input type="checkbox"/> Facilities Master Plan
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<input type="checkbox"/> Action Plan	<input type="checkbox"/> Human Resources Plan							
<input type="checkbox"/> Educational Master Plan	<input type="checkbox"/> (List other planning document)							
<input type="checkbox"/> Facilities Master Plan								

Section II	Institutional Goals					
	<p>Check all the applicable Institutional Goals below that support your request (Select all that apply):</p> <table><tr><td><input type="checkbox"/> Maintaining Health/Safety</td><td><input type="checkbox"/> Ensuring Compliance</td></tr><tr><td><input type="checkbox"/> Enhancing Operational Support</td><td><input type="checkbox"/> Enhancing Community Partnerships</td></tr><tr><td><input type="checkbox"/> Enhancing Efficient & Effective Use of Resources</td><td><input type="checkbox"/> Enhancing Technology Support</td></tr></table> <p>Briefly describe how your request supports the institutional goals above:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Maintaining Health/Safety	<input type="checkbox"/> Ensuring Compliance	<input type="checkbox"/> Enhancing Operational Support	<input type="checkbox"/> Enhancing Community Partnerships	<input type="checkbox"/> Enhancing Efficient & Effective Use of Resources
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<input type="checkbox"/> Enhancing Efficient & Effective Use of Resources	<input type="checkbox"/> Enhancing Technology Support					

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

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?

NOT FILLING OUT THE SECTIONS IN DETAIL CAN RESULT IN A SCORE OF 0. PLEASE FILL OUT IN DETAIL TO BE CONSIDERED.

Administrator's Typed or Printed Name

Administrator's Signature

Date