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| **Coastline stacked logo.jpg** | **COASTLINE COMMUNITY COLLEGE BUDGET DEVELOPMENT – FY 2012/2013 Resource Allocation Proposal** |  |
| **Administrator Use:** |
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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Originator:** |  | | | |  |  |
| **Program or Department Name:** |  | | | |  |  |
| **Area Dean:** |  | | | |  |  |
| **Area Vice President:** |  | | | |  |  |
| **Account Code:** |  | | | |  |  |
| **Total Amount Requested:** |  | | | |  |  |
| **One-Time Funding:** |  | | | |  |  |
| **On-Going Funding:** |  | | | |  |  |
| **Department Priority Ranking:** |  | **of** |  |  |  |  |

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| --- |
| *What are you requesting? Why is the request being made? Where was the need identified?* |
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| *Demonstrate how your request is supported by your* ***a)*** *Program Review/Annual Program Assessment and* ***b)*** *Student Learning Outcome, Program Learning Outcome, Institutional Learning Outcome, Service Area Outcome or* ***c)*** *other planning documents.* |
| **a)**  **b)**  **c)** |
|  |
|  |

*Describe your goal(s) for this proposal? How will this impact students or institutional services?*

*What are some measureable outcomes that demonstrate you met your goal(s)?*

What are the steps that you will take or need to be taken to implement this proposal? (Implementation Plan)

List other areas of compelling evidence that would support your proposal

Compliance

Health & Safety

Other

Describe how your request is aligned with the following Annual Institutional Goals.

**Student Success**

**Access, Persistence & Completion:**

**Innovation & Improvement:**

**Partnerships**

**Culture of Planning, Inquiry & Evidence**

**Growth & Efficiency**

*Demonstrate how your proposal is supported by the 2011-16 Education Master Plan:*

**For ADMINISTRATOR USE**

*Demonstrate how this proposal is supported by your Unit OR Division Plan. Provide link to Unit/Division Plan.*

**Projected Expense Profile**

***New Personnel Request--This does not include Full Time Academic Faculty Positions.***

For personnel requests please attach the job description, job classification and label "Exhibit I."

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| --- | --- |
| **Position Title: Estimated Cost**  1XXX Academic Salaries (Certificated)  3XXX Benefits\* $0.00 | |
| **Position Title: Estimated Cost**  1XXX Academic Salaries (Certificated)  3XXX Benefits\* $0.00 | |
| **Position Title:**  2XXX Classified/Non Academic Salaries 10, 11 or 12 Months  3XXX Benefits\* Hours per Week $0.00 | |
| **Position Title:**  2XXX Classified/Non Academic Salaries 10, 11 or 12 Months  3XXX Benefits\* Hours per Week $0.00 | |
|  | **$0.00** |

**Sub Total:**

***Non Personnel Requests:***

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| --- | --- | --- | --- |
| **Object Cod** | **Title** | | **Amount**  **Requested** |
| ***4XXX*** | ***Supplies and Materials*** | | |
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| ***5XXX*** | ***Services*** | | |
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| ***6XXX*** | ***New Equipment or Building/Site Improvements*** | | |
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|  |  | |  |
|  | | **Sub Total:** | **$ -** |

**Total Budget Proposal:**

**$0.00**

**Secondary Effects *(if this proposal is approved)***

***For Personnel Requests:***

*What additional space, if any, is needed to accommodate this position? If so, where is the proposed location?*

***For Equipment and Technology Request***

*Will additional space be needed to accommodate requested equipment? If so where is the proposed location?*

*Will requested equipment require maintenance agreements and or support personnel? If so what are the projected costs?*

*Please list future year anticipated needs and estimated financial needs. NOTE: This section refers to any anticipated funding not addressed by this RAP, but required in the future.* ***This will not be automatically funded.*** *A new RAP must be completed in future years.*

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| --- | --- | --- |
| **Fiscal Year** | **Anticipated Need** | **Estimated Amount** |
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**Dean Approval**

**Date Vice President Approval Date**