**2019-2020 FOOTHILL COLLEGE ANNUAL BUDGET REQUEST FORM**

Division: Program:

**PAST PROGRAM REVIEW ACTIONS FOR IMPROVEMENT**

Please list below any actions for improvement from most recent program review

|  |
| --- |
| **1** |
| **2** |
| **3** |
| **4** |
| **5** |

**NEW TECHNOLOGY OR SOFTWARE**

Requests for new software systems, online services, purchase of specialized hardware and other technologies for program use. (respond with 100 words or less per question)

|  |  |
| --- | --- |
| **Name of the new technology or software requested.** | |
| Respond Here: | |
| **Description statement – provide a description of the item being requested.** | |
| Respond Here: (100 words or fewer) | |
| **How will the item be used? Descriptions of the need for the item.** | |
| Respond Here: (100 words or fewer) | |
| **How does this request align with the college strategic plan?** | |
| Respond Here: (100 words or fewer) | |
| **Does this request align with the actions for improvement from the most recent program review? If yes, please explain.** | |
| Respond Here: (100 words or fewer) | |
| **Identify how you will measure the success if this item is funded.** | |
| Respond Here: (100 words or fewer) | |
| **What are the consequences if this item is not funded?** | |
| Respond Here: (100 words or fewer) | |
| **Projected Total Cost (this can be a range)** | $ |
| **Is this cost an estimate \_\_\_ Is this based on a quote \_\_\_** |  |
| **Budget Explanation – List of the Itemized Costs (e.g., support, implementation, training, annual fees, equipment)** (100 words or fewer) | |
| Respond Here: | |

**ONGONG TECHNOLOGY OR SOFTWARE COSTS**

CONTINUED Requests for software systems, online services, annual subscriptions or specialized software/hardware and other technologies for program use.

|  |  |
| --- | --- |
| **Name of the ongoing technology or software recurring item.** | |
| Respond Here: | |
| **Description statement – provide a description of the item.** | |
| Respond Here: (100 words or fewer) | |
| **How will the item be used? Descriptions of the ongoing need for the item.** | |
| Respond Here: (100 words or fewer) | |
| **How does this request align with the college strategic plan?** | |
| Respond Here: | |
| **Does this request align with the actions for improvement from the most recent program review? If yes, please explain.** | |
| Respond Here: (100 words or fewer) | |
| **Identify how you will measure the success if this item is funded.** | |
| Respond Here: (100 words or fewer) | |
| **What are the consequences if this item is not funded?** | |
| Respond Here: (100 words or fewer) | |
| **Projected Total Cost** | $ |

**NEW EQUIPMENT**

Requests for program equipment or furniture items

|  |  |
| --- | --- |
| **Name of the new equipment or furniture being requested.** | |
| Respond Here: | |
| **Description statement – provide a description of the item being requested.** | |
| Respond Here: (100 words or fewer) | |
| **How will the item be used? Descriptions of the need for the item.** | |
| Respond Here: (100 words or fewer) | |
| **How does this request align with the college strategic plan?** | |
| Respond Here: (100 words or fewer) | |
| **Does this request align with the actions for improvement from the most recent program review? If yes, please explain.** | |
| Respond Here: (100 words or fewer) | |
| **Identify how you will measure the success if this item is funded.** | |
| Respond Here: (100 words or fewer) | |
| **What are the consequences if this item is not funded?** | |
| Respond Here: (100 words or fewer) | |
| **Projected Total Cost** | $ |
| **Is this cost an estimate \_\_\_ Is this based on a quote \_\_\_** | |
| **Do you need any additional space to accommodate this request (make sure to add this request into the NEW SPACE/FACILITIES REQUEST) Yes\_\_\_ No \_\_\_** | |
| **Budget Explanation – List of the Itemized Costs (e.g., support, implementation, training, annual fees, equipment)** (100 words or fewer) | |

**NEW SPACE/FACILITIES REQUEST**

Requests in this category include classroom or laboratory modernization projects, additional space needs, faculty offices, remodeling of current space, and/or other facility needs.

|  |  |
| --- | --- |
| **Name of the new space/facilities being requested.** | |
| Respond Here: | |
| **Description statement – provide a description of the item being requested.** | |
| Respond Here: | |
| **How will the item be used? Descriptions of the need for the item.** | |
| Respond Here: | |
| **Does this request involve taking an existing classroom/office/space offline?** | |
| Respond Here: | |
| **How does this request align with the college strategic plan?** | |
| Respond Here: | |
| **Does this request align with the actions for improvement from the most recent program review? If yes, please explain.** | |
| Respond Here: | |
| **Identify how you will measure the success if this item is funded.** | |
| Respond Here: | |
| **What are the consequences if this item is not funded?** | |
| Respond Here: | |
| **Projected Total Cost** | $ |
| **Is this cost an estimate \_\_\_ Is this based on a quote \_\_\_** | |
| **Budget Explanation – List of the Itemized Costs (e.g., cleaning, painting, phones,)** (100 words or fewer) | |

**ONGOING EQUIPMENT MAINTENANCE/CONTRACTUAL COST – (only for ongoing costs and not for new requests)**

|  |  |
| --- | --- |
| **Name of the ongoing equipment maintenance/contractual cost.** | |
| Respond Here: | |
| **Description statement – provide a description of the ongoing equipment maintenance/contractual cost being requested.** | |
| Respond Here: | |
| **What is the term length of the contract? (e.g., starting and ending dates)** | |
| Respond Here: | |
| **How does this request align with the college strategic plan?** | |
| Respond Here: | |
| **Does this request align with the actions for improvement from the most recent program review? If yes, please explain.** | |
| Respond Here: | |
| **Identify how you will measure the success if this item is funded.** | |
| Respond Here: | |
| **What are the consequences if this item is not funded?** | |
| Respond Here: | |
| **Projected Total Cost** | $ |

**LOTTERY FUNDS REQUEST (enter more details on the funds and restrictions)**

|  |  |
| --- | --- |
| **Name of the item being requested.** | |
| Respond Here: | |
| **Description statement – provide a description of the item being requested.** | |
| Respond Here: | |
| **How will the item be used? Descriptions of the need for the item.** | |
| Respond Here: | |
| **How does this request align with the college strategic plan?** | |
| Respond Here: | |
| **Does this request align with the actions for improvement from the most recent program review? If yes, please explain.** | |
| Respond Here: | |
| **Identify how you will measure the success if this item is funded.** | |
| Respond Here: | |
| **What are the consequences if this item is not funded?** | |
| Respond Here: | |
| **Projected Total Cost** | $ |
| **Did you review the requirements and do the items meet the requirements for using lottery funds \_\_yes \_\_\_ no** |  |

**DEPARTMENT REQUEST FOR ON-CAMPUS PROFESSIONAL DEVELOPMENT**

This is a request for on-campus training, retreat, guest speakers and pay for part-time faculty to attend professional development event.

|  |  |
| --- | --- |
| **Name of the speaker/training activity being requested.** | |
| Respond Here: | |
| **Description statement – provide a description of the activities, who will participate and how many.** | |
| Respond Here: | |
| **Why is the activity being requested? What is the purpose? Descriptions of the need for the activity.** | |
| Respond Here: | |
| **How does this request align with the college strategic plan?** | |
| Respond Here: | |
| **Does this request align with the actions for improvement from the most recent program review? If yes, please explain.** | |
| Respond Here: | |
| **Identify how you will measure the success if this activity is funded.** | |
| Respond Here: | |
| **What are the consequences if this activity is not funded?** | |
| Respond Here: | |
| **Do you need funding to pay for part-time faculty to attend this event?** | |
| Respond Here: | |
| **Projected Total Cost** | $ |

**NEW STAFFING REQUESTS**

This section is for all new faculty, staff, and TEA requests for the year

|  |  |
| --- | --- |
| **Title of the new faculty, staff, or TEA position being requested. Does this have a current FHDA job description? \_\_\_yes \_\_\_ no** | |
| Respond Here: | |
| **Description statement – provide a description of the position being requested.** | |
| Respond Here: | |
| **Why is the position being requested? What is the need for the position?** | |
| Respond Here: | |
| **How does this position request align with the college strategic plan?** | |
| Respond Here: | |
| **Does this request align with the actions for improvement from the most recent program review? If yes, please explain.** | |
| Respond Here: | |
| **Identify how you will measure the success if this position is funded.** | |
| Respond Here: | |
| **What are the consequences if this position is not funded?** | |
| Respond Here: | |
| **Projected Total Cost** (including benefits) (if applicable please list the range) | $ |

**REQUEST FOR STUDENT WORK STUDY**

|  |
| --- |
| **Title of the workstudy position being requested.** |
| Respond Here: |
| **Description statement – provide a description of the workstudy position being requested.** |
| Respond Here: |
| **Why is the workstudy position being requested? What is the need for the position?** |
| Respond Here: |
| **How does this position request align with the college strategic plan?** |
| Respond Here: |
| **Does this request align with the actions for improvement from the most recent program review? If yes, please explain.** |
| Respond Here: |
| **Identify how you will measure the success if this workstudy position is approved.** |
| Respond Here: |
| **What are the consequences if this position is not approved?** |
| Respond Here: |