

Institutional Effectiveness Partnership Initiative Partnership Resource Teams Institutional Innovation and Effectiveness Plan Date:

Name of Institution:

Area of Focus	Objective	Responsible Person	Target Date for Achievement	Action Steps	Measure of Progress	Status As of Date:
А.	1. 2.			a. b.	a. b.	a. b.
B.	1. 2.			a. b.	a. b.	a. b.
С.	1. 2.			a. b.	a. b.	a. b.
D.	1. 2.			a. b.	a. b.	a. b.
E.	1. 2.			a. b.	a. b.	a. b.

Request for IEPI Resources to Support Institutional Innovation and Effectiveness Plan

Applicable Area(s) of Focus (Copy from table above.)	Applicable Objective(s) (Copy from table above.)	Description of Resource Needed (Refer to Action Steps above as appropriate.)	Cost of Resource
Total IEPI Resource Request (not to exceed \$200,000 per college)			

Approval Chief Executive Officer				
Signature or E-signature:				
E-signature:	Date:			

Collegial Cons	ultation with the Academic Senate		
Aca	demic Senate President		
(As applicable; duplicate if needed for district-level I&EP)			
Name:			
Signature or			
E-signature:	Date:		