**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: |

**INDIVIDUAL PROFESSIONAL DEVELOPMENT TRAVEL REQUEST**

List all program faculty, staff, and administrator requests for travel for the full year including national and state meetings.

|  |  |
| --- | --- |
| **Name of the Person Requesting Travel.** | |
| Respond Here: | |
| **Description statement – provide a description of the travel request (e.g., conference, presenting).** | |
| Respond Here: | |
| **How will this travel request make a difference to the college (e.g., help students, program or personal development for the employee)** | |
| Respond Here: | |
| **How does this travel 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 impact if this travel is funded.** | |
| Respond Here: | |
| **What are the consequences if this travel is not funded?** | |
| Respond Here: | |
| **Projected Cost** | $ |
| **Other sources of funding (union funds)** | $ |
| **Total Needed** | $ |

**To Annual Budget Request for Career and Technical Education Programs**

**STRONG WORKFORCE PROGRAM**

|  |  |  |
| --- | --- | --- |
| **Name of the project** | | |
| Respond Here: | | |
| **Name the Project lead faculty/staff.** | | |
| Respond Here: | | |
| **What is the fiscal year in which this project will begin?** | | |
| Respond Here: | | |
| **Enter the number of years the project will span.** | | |
| Respond Here: | | |
| **What is the actual date of start for the project? YYYY-MM-DD** | | |
| Respond Here: | | |
| **What is the actual end date for the project? YYYY-MM-DD** | | |
| Respond Here: | | |
| **Provide a description of the project and provide outcomes for the project (500 characters)** | | |
| Respond Here: | | |
| **Which one of the following sectors does your project impact? (Pick one or more)** | | |
| Education, Health, Information & Communication Technology, Public Safety, Small Business, CTE Marketing, Counseling, Outreach, Research, Other | | |
| **What is the estimated project cost?** | | |
| Respond Here: | | |
| **What needs motivate this project? (100 words or fewer)** | | |
| Respond Here: | | |
| **Describe the associated risks that may prevent successful completion of this project? (100 words or fewer)** | | |
| Respond Here: | | |
| **Describe the investments you will make and explain how these will result in improved performance metrics (100 words or fewer)** | | |
| Respond Here: | | |
| **Select the Task Force recommendations that you aim to address with this project. Pick at least one from below:** | | |
| * Broaden and enhance career exploration and planning, work-based learning opportunities, and other supports for students. * Improve CTE student progress and outcomes. * Develop and broadly publicize industry informed career pathways that prepare students for jobs needed within the regional labor market. * Create common workforce metrics for all CTE programs and expand the definition of student success to better reflect the wide array of CTE outcomes of community college students. * Evaluate, strengthen, and revise the curriculum development process from education to employment. * Improve program review, evaluation, and revision processes to ensure program relevance to students, business, and industry, as reflected in labor market data. * Enhance professional development opportunities for CTE faculty to maintain industry and program relevance. * Create a sustained, public outreach campaign to industry, high school students, counselors, parents, faculty, staff, and other community at large to promote career development and attainment and the value of CTE. | | |
| **Select Metric you are planning on moving with this project, and enter baseline data from** [**Launchboard**](https://www.calpassplus.org/launchboard/home.aspx) **for your selection and choose baseline year. this project?** | | |
|  | **Baseline Number** | **Baseline Year** |
| * Number of enrollments |  |  |
| * Number of students who completed 12+ CTE units in one year |  |  |
| * Number of students who completed 48+ Non-Credit CTE hours in one year |  |  |
| * Number of students who got a degree or certificate |  |  |
| * Number of students who transferred |  |  |
| * Percentage of students employed second fiscal quarter after exit |  |  |
| * Percentage of students employed fourth fiscal quarter after exit |  |  |
| * Median earnings in dollars in second fiscal quarter after exit |  |  |
| * Median earnings in dollars in fourth fiscal quarter after exit |  |  |
| * Percentage of students employed in a job closely related to field of study |  |  |
| * Median percentage change in earnings |  |  |
| * Percentage who attained a living wage |  |  |
| **Describe the major activities of this project? (10000 characters)** | | |
| Respond Here: | | |
| **Describe the major outcomes of this project? (10000 characters)** | | |
| Respond Here: | | |

**BUDGET**

**Complete the following tables:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Budget Item Title** | **Description of Expenditure** | **Expenditure Type** | | | | | |
|  | | **1000** | **2000** | **3000** | **4000** | **5000** | **6000** |
| **Instructional Salaries** | **Non-instructional salaries** | **Benefits** | **Supplies & Materials** | **Other operation expenses & services** | **Capital outlay** |
|  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **FACULTY WHO RECEIVED NON-INSTRUCTIONAL STIPENDS** | | |
| **Source of Funding** | **Primary functions associated with stipend** | **Total Stipend Cost** |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **FACULTY WHO RECEIVED REASSIGNED TIME** | | |
| **Source of Funding** | **Primary functions associated with stipend** | **Total Release in Load** |
|  |  |  |
|  |  |  |

**PERKINS**

| **Column A** | **Column B** | **Column C** | **Column D** | **Column E** |
| --- | --- | --- | --- | --- |
| **Enter applicable number in appropriate column below.** | | |
| **Refer to the District’s 2008-2012 Local Plan for Title I, Part C, Section 132 Funds, Carl D. Perkins Career and Technical Education Act of 2006 (Perkins).**  **NOTE**: Check the corresponding Section II Part A form for the Met/Unmet “Requirements for Use of Funds.” Each TOP Code identified for funding in 2008-2009 must meet each of the nine requirements by June 30, 2012. | **Describe activities to be conducted to address Perkins Section 135(b) requirements listed in Column A.**   1. Under the appropriate requirement, describe activities to be funded by Perkins Title IC to improve or expand the identified 4- or 6-digit TOP Code career and technical education programs. 2. For each Section 135(b) requirement listed in Column A, number each activity separately (i.e., 1.1, 1.2, etc.). 3. If an activity meets more than one requirement, reference the number of the activity stated previously (i.e., same as 1.2). | **Core Indicator addressed by the activity listed.**  1 = Tech. Skill Attainment  2 = Credential/Certificate/ Degree  3 = Student Persistence or Transfer  4 = Student Placement  5 = Nontrad. Participation  6 = Nontrad. Completion | **Designate source of funds to be used by assigning a number as shown below:**  1 = Perkins IC  2 = Other funds  3 = Both  4 = No funds needed | **Status of Activity:**  1 = Planned  2 = Started  3 = Continuing  4 = Completed |
| **Section 135(b) Requirements** | **Activities** | **Core Indicators** | **Source of funds** | **Status** |
| 1. Strengthening the academic and career and technical skills of students participating in CTE programs through the integration of academics with CTE programs. |  |  |  |  |
| 2. Link CTE at the secondary and the postsecondary levels, including by offering elements of not less than one program of study described in §122(c)(1)(A). |  |  |  |  |
| 3. Provide students with strong experience in and understanding of all aspects of an industry, which may include work-based learning experiences. |  |  |  |  |
| 4. Develop, improve, or expand the use of technology in CTE, which may include training to use technology, providing students with the skills needed to enter technology fields, and encouraging schools to collaborate with technology industries to offer internships and mentoring programs. |  |  |  |  |
| 5. Provide in-service and pre-service professional development programs to faculty, administrators, and career guidance and academic counselors involved in integrated CTE programs, on topics including effective integration of academics and CTE, effective teaching skills based on research, effective practices to improve parental and community involvement, effective use of scientifically based research and data to improve instruction. Professional development should also ensure that faculty and personnel stay current with all aspects of an industry; involve internship programs that provide relevant business experience; and train faculty in the effective use and application of technology. |  |  |  |  |
| 6. Develop and implement evaluations of the CTE programs carried out with Perkins funds, including an assessment of how the needs of special populations are being met. |  |  |  |  |
| 7. Initiate, improve, expand and modernize quality CTE programs, including relevant technology. |  |  |  |  |
| 8. Provide services and activities that are of sufficient size, scope and quality to be effective. |  |  |  |  |
| 9. Provide activities to prepare special populations, including single parents and displaced homemakers enrolled in CTE programs, for high-skill, high-wage or high-demand occupations that will lead to self-sufficiency. |  |  |  |  |

| **Column A** | **Column B** | **Column C** | **Column D** | **Column E** |
| --- | --- | --- | --- | --- |
| **Section 135(b) Requirements** | **Activities** | **Core Indicators** | **Source of funds** | **Status** |
| 4. Develop, improve, or expand the use of technology in CTE, which may include training to use technology, providing students with the skills needed to enter technology fields, and encouraging schools to collaborate with technology industries to offer internships and mentoring programs. |  |  |  |  |
| 5. Provide in-service and pre-service professional development programs to faculty, administrators, and career guidance and academic counselors involved in integrated CTE programs, on topics including effective integration of academics and CTE, effective teaching skills based on research, effective practices to improve parental and community involvement, effective use of scientifically based research and data to improve instruction. Professional development should also ensure that faculty and personnel stay current with all aspects of an industry; involve internship programs that provide relevant business experience; and train faculty in the effective use and application of technology. |  |  |  |  |
| 6. Develop and implement evaluations of the CTE programs carried out with Perkins funds, including an assessment of how the needs of special populations are being met. |  |  |  |  |
| 7. Initiate, improve, expand and modernize quality CTE programs, including relevant technology. |  |  |  |  |
| 8. Provide services and activities that are of sufficient size, scope and quality to be effective. |  |  |  |  |
| 9. Provide activities to prepare special populations, including single parents and displaced homemakers enrolled in CTE programs, for high-skill, high-wage or high-demand occupations that will lead to self-sufficiency. |  |  |  |  |
| 10. Funds may be used to:  (1) Involve parents, businesses, and labor organizations, in the design, implementation and evaluation of CTE programs. |  |  |  |  |
| (2) Provide career guidance and academic counseling for students participating in CTE programs that improves graduation rates and provides information on postsecondary and career options, and provides assistance for postsecondary students and adults. |  |  |  |  |
| (3) Local education and business partnerships, including work-related experiences for students, adjunct faculty arrangements for qualified industry professionals and industry experience for teachers and faculty. |  |  |  |  |
| (4) Provide programs for special populations. |  |  |  |  |
| (5) Assisting career and technical student organizations. |  |  |  |  |
| (6) For mentoring and support services; |  |  |  |  |
| (7) Leasing, purchasing, upgrading or adapting equipment, including instructional aides and publications (including support for library resources) designed to strengthen and support academic and technical skill achievement. |  |  |  |  |
| (8) Teacher preparation programs that address the integration of academic and CTE and that assist individuals who are interested in becoming CTE faculty, including individuals with experience in business and industry. |  |  |  |  |
| (9) Developing and expanding postsecondary program offerings at times and in formats that are accessible for all students, including through the use of distance education. |  |  |  |  |
| (10) Developing initiatives that facilitate the transition of sub-baccalaureate CTE students into baccalaureate degree programs, including articulation agreements, dual enrollment programs, academic and financial aid counseling and other initiatives to overcome barriers and encourage enrollment and completion. |  |  |  |  |
| (11) Providing activities to support entrepreneurship education and training. |  |  |  |  |
| (12) Improving or developing new CTE courses, including the development of programs of study for consideration by the state and courses that prepare individuals academically and technically for high-skill, high-wage or high-demand occupations and dual or concurrent enrollment opportunities. |  |  |  |  |
| (13) Developing and supporting small, personalized career-themed learning communities. |  |  |  |  |
| (14) Providing support for family and consumer sciences programs. |  |  |  |  |
| (15) Providing CTE programs for adults and school dropouts to complete secondary education or dropouts to complete secondary education or upgrade technical skills. |  |  |  |  |
| (16) Providing assistance to individuals who have participated in services and activities under this Act in continuing their education or training or finding an appropriate job. |  |  |  |  |
| (17) Supporting training and activities (such as mentoring and outreach) in nontraditional fields. |  |  |  |  |
| (18) Providing support for training programs in automotive technologies. |  |  |  |  |
| (19) Pooling a portion of such funds with a portion of funds available to other recipients for innovative initiatives. |  |  |  |  |
| (20) Supporting other CTE activities consistent with the purposes of the Act. |  |  |  |  |