



**MT. SAN JACINTO COMMUNITY COLLEGE DISTRICT
BUDGET DEVELOPMENT FISCAL 2011-2012
Resource Allocation Proposal (aka: BCP)**

ADMINISTRATOR USE:

Originator: _____

Program or Department Name: _____

Area Dean: _____ Campus: _____

Area Vice President: _____

Account Code: _____

Total Amount Requested: _____

One Time Funding _____ On Going Funding _____

Department Priority Ranking: _____ of _____

What are you requesting? Why is the request being made? Where was the need identified?

Demonstrate how your request is supported by your a) Program Review/Annual Program Assessment and b) SLO/DLO/AUO

a)

b)

Provide link to Program Review/Annual Program Assessment (Do not link to Departmental J Drives)

Provide link to SLO/DLO/AUO

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

What are some measureable outcomes that will lead to you meeting your goal(s)?

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

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

Student Success

Fiscally Sound Position:

Systematic Planning and Assessment:

Institutional Pride and Organizational Culture:

Community Partnerships and Service

Demonstrate how your proposal is supported by the 2009-16 Educational 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."

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
		Sub Total: \$0.00

*Fixed Costs are automatically calculated in the above chart.

Non Personnel Requests:

Object Code	Title	Amount Requested
4XXX	<i>Supplies and Materials</i>	
5XXX	<i>Services</i>	
6XXX	<i>New Equipment or Building/Site Improvements</i>	
		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.

<u>Fiscal Year</u>	<u>Anticipated Need</u>	<u>Estimated Amount</u>

Dean Approval

Date

Vice President Approval

Date