Please indicate which type of request you are submitting:

☐ Program Improvement & Development [complete Sections A, B, C, D, E (if applicable) & F]
☐ Perkins [check this box and follow all required steps to request Perkins IV funds. Eligibility criteria and application forms are available at www.losmedanos.edu/sa/ResourceAllocationProcessRAP.asp]
☒ Program Maintenance [complete Sections A, B, C & F]
☐ Permanent Classified Staffing [complete sections A, B, C, D, E & F]

IMPORTANT INFO:

➢ Use one form for each proposal/project
➢ It is the responsibility of the requestor to ensure that the forms are complete and all necessary signatures are obtained prior to being submitted
➢ In order to be considered for 2015-16 funding, RAP requests are due to the LMC Director of Business Services by 5:00 p.m. on Friday, February 27, 2015

SECTION A - REQUEST OVERVIEW

Project/Objective/Request Title: Two Desktop Computers for Center for Academic Support, Room 13

Department/Unit/Team: Brentwood Center

Submitted by: _______ Sharon McLean _______ 66902 _______ 2-5-15

Name Extension Date

Total budget request = $2,400.00

If unit/team is submitting more than one proposal in this category, please indicate priority ranking of this request (1 = highest priority): 3

For Program Maintenance, specify type of request:

[check one]

☐ Administrative/Instructional software
☐ Media Equipment
☒ Other Equipment
☐ One-time Non-Equipment Purchase
☐ Classroom/Student Services Furniture
☐ Increase to Operating Funds
☐ Facilities Modification

SECTION B - REVIEW/SIGNATURES

For all staffing requests, the accuracy of salary and benefits figures must be confirmed with the LMC Business Office:

Initiated by Director of Business Services

For all technology-related requests (e.g. computers, software, A/V or media equipment, etc.) costs and compatibility must be confirmed with the LMC IT Department:

Initiated by Technology Systems Manager

IT/HR comments:

1st level review by Supervising Manager: __________________________ Signature ________________ Date 2-17-15

2nd level review by Area Manager: __________________________ Signature (Senior Dean/VP/President) ________________ Date 2-13-15

RAP Request Form for FY 2015-16 Funding
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SECTION C - PROJECT/POSITION OBJECTIVES

Provide a description of the project being proposed, including:
1) clear details about the scope of the project, as documented in the “Objectives” section of your department/team Program Review and planning document; and
2) a listing of quantifiable (benchmarked) desired outcomes and defined project timelines.

1) We are requesting **two additional computers for the Brentwood Center for Academic Support (CORE)** located in Room 13. The CORE is our Peer Tutoring - Reading/ Writing Lab. There are currently only **two computers in that lab**. An additional Pay-for-Print station is being installed this semester. The additional two computers will better meet the needs of the Faculty Consultants, Tutors and Students using that lab.

2) a. **The Center for Academic Support is trying to establish a more solid presence in Brentwood with additional signage, hours and increased services for students.**
   b. Adding two computers in Room 13 will meet increased demand.
   c. Adding computers will help with program expansion.

SECTION D - PROJECT/POSITION RATIONALE

Explain how this project/position contributes to the achievement of College goals and/or positively impacts student success. Using the information documented in the “Activities” section of your Program Review and planning documents, include:

1) details about how the project/position will support department goals and College strategic goals/directions;
2) any research data (qualitative/quantitative) or assessment results that support the need for this project/position; and
3) a listing of the type of program improvements/enhancements that will result from this project.

If the request is submitted by Instructional/Student Services programs, identify how it will support enrollment growth, maintain enrollments, or reverse enrollment declines.

Goals Supported by this Request:
- **Program Review Objective:** Strategic Priority #1 – Increase and Accelerate Student Program Completion
- **Districtwide Strategic Plan Goal #1:** Student Learning and Success
- **LMC Education master Plan Goals:**
  - #1 Improve the Learning of Students;
  - #2 Create an education environment in which all people have a chance to develop their potential and achieve their education goals.

SECTION E – STAFFING REQUEST

Proposed Position Title:

Proposed Department/Program or Reporting Relationship:

Indicate type of staffing being requested: New permanent classified position
Estimated FTE needed for position (e.g. number of hours per week, months per year, full-time/part-time, etc...):  

Provide a justification for the position request, including:  
1) historical staffing levels for the department/program (reference existing budgets for hourly or permanent staff, if applicable);  
2) specific responsibilities to be assigned to this position (Including existing job classification)  
3) how this position will address long-term staffing issues or operational problems.

SECTION F – BUDGET

Indicate duration of funding request:  
- One year  
- Two years  
- Ongoing  
- Other (please specify One Time Purchase)

Provide an explanation of the budgetary needs associated with this project/position, including how the funding will be used to support the project and yield a successful outcome:

We are requesting funding to purchase two Desktop computers for the Center for Academic Support. Once installed they will be ready for immediate use by students and faculty.

Provide a line item budget for the request (be sure to include each element in the narrative above):

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplies</td>
<td>Two Computers, Software, Tax, Shipping</td>
<td>2405.00</td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Software</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inter-program charges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant/vendor fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staffing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classified – permanent (new or increase)</td>
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<td></td>
</tr>
<tr>
<td>[calculate benefits at 21.238% of salary]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classified – hourly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[calculate benefits at 9.467% of salary]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RAP Request Form for FY 2015-16 Funding  
Page 4 of 5
<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classified – hourly</td>
<td></td>
</tr>
<tr>
<td>[calculate benefits at 9.467% of salary]</td>
<td></td>
</tr>
<tr>
<td>Faculty – hourly</td>
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</tr>
<tr>
<td>[calculate benefits at 7.267% of salary]</td>
<td></td>
</tr>
<tr>
<td>Faculty – re-assigned time or stipend</td>
<td></td>
</tr>
<tr>
<td>[contact LMC Business Office for details]</td>
<td></td>
</tr>
<tr>
<td>Health Benefits (medical, dental and vision)</td>
<td></td>
</tr>
<tr>
<td>(Estimated at mid-tier: $30,518.76/yr)</td>
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</tr>
<tr>
<td>Student assistant(s)</td>
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</tr>
<tr>
<td>[calculate benefits at 1.767% of salary]</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL BUDGET REQUEST</strong></td>
<td><strong>2,405.00</strong></td>
</tr>
</tbody>
</table>