

**Resource Allocation Process (RAP): FY 2015-16
Worksheet**

A) Select the type of RAP proposal that you are reviewing

- Program Improvement & Development** *[reviewed by SGC]*
- Perkins** *[reviewed by CTE Committee]*
- Program Maintenance** *[reviewed by President's Cabinet]*
- Permanent Classified Staffing** *[reviewed by SGC]*

B) Provide the proposal title, department/team name (as seen on the RAP proposal document), your name, and the date on which you reviewed and rated the proposal.

Proposal Title: _____

Department/Team: _____

Reviewed by (Name and Date): _____

C) To aid in SGC's review and discussions, please rate (0-5) each project/request proposal and presentation based on the criteria below; record only one score for each of the 7 categories listed.

#	Rating Criteria	No Evidence Score = 0	Disagree Score = 1	Somewhat Disagree Score = 2	Neutral Score = 3	Agree Score = 4	Fully Agree Score = 5
1	Project/request supports student success and learning initiatives.						
2	Project/request is aligned with departmental goals.						
3	Project/request is aligned with LMC Interim Strategic Priorities (2012-2014) and/or 2014-2019 Strategic Directions.						
4	RAP request demonstrates clear alignment with the department's 2015-16 Program Review & Planning objectives.						
5	Purpose for the project/request is clearly documented and presented in the RAP proposal and presentation (with specific, attainable, and measurable outcomes).						
6	Scope of the project is realistic and attainable.						
7	Proposed budget is reasonable and aligned with the scope of the project.						
Total (out of a possible 35 Points)							