**Resource Allocation Process (RAP)**

**2016-17 Request Form**

This form combines what was previously contained in three separate documents. It should be used to request resources for: new or one-time projects, programs, or services (“Program Improvement & Development”); maintaining existing programs or services (“Program Maintenance”); and increasing classified positions (“Permanent Classified Staffing”). Below are the parameters for each category:

Program Improvement (Significant changes to current programs/services) & Development (New or one-time programs/ services)

* Provides a mechanism for programs and/or departments to highlight the benefits of and request resources for projects relating to ***new programs/services,* significant changes to current *programs/services or one-time programs/services.***
* **Can only be made once a year** during the RAP process
* Project information will be forwarded to the Shared Governance Council (SGC) for review and recommendation

Program Maintenance (Augmentation to existing base budget in order to maintain current programs and services)

* Includes requests for resources needed to **maintain current programs and services** that support the department’s achievement of its objectives and goals
	+ Note: Replacement computers (instructional and administrative) should **NOT** be requested through this process, as these will be addressed through the Technology Refresh process
* **Can be requested throughout the year**, if/when a need arises
* Requests are presented to the President’s Cabinet for review and funding recommendations to the President.

Permanent Classified Staffing (Request for **permanent** **classified** employees or additional **FTE**)

* Provides a mechanism for requesting additional resources needed to support the operations of an existing department/program. These requests are only for permanent classified personnel **(including previous reductions and layoffs).** *Permanent faculty and management/supervisory position requests are excluded from this process.* Requested positions MUST:
	+ Consist of assigned responsibilities that fall within classified staffing parameters
	+ Have an existing job description and be listed on the District’s current salary schedule
* **Can only be made once a year** during the RAP process
* Proposals will be forwarded to the Shared Governance Council (SGC) for review and recommendation

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/sg/ResourceAllocationProcessRAP.asp*](http://www.losmedanos.edu/sg/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 2016-17 funding, **RAP requests are due to the LMC Director of Business Services by 5:00 p.m. on Friday, February 26, 2015**

**SECTION A – REQUEST OVERVIEW**

**Project (Objective)/Request Title:**

**Department/Unit/Team:**

**Submitted by:**  *(Name) \_\_\_\_\_\_\_\_* (*Extension*) (*Date)*

**Total budget request =**  $

**If the amount requested cannot be fully funded, is partial funding acceptable? Yes** [ ]  **No** [ ]

*Comments*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is this the first time of requesting for funding for this project? Yes** [ ]  **No** [ ]

**Have you been previously funded for this project through RAP? Yes** [ ]  **No** [ ]

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is this project/request included in your department’s Program Review? Yes** [ ]  **No** [ ]

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

**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**:

 (*Initialed 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:**  (*Initialed by Technology Systems Manager)*

*IT/HR comments:*  **\_\_\_\_\_\_\_\_\_\_\_\_**

**1st level review:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Signature-* ***Supervising Manager****)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Date)*

**2nd level review:**  \_\_\_\_\_\_\_ (*Signature-* ***Senior Dean/VP/President****) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* (*Date)*

**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/unit Program Review and planning document; and**
2. **a listing of quantifiable (benchmarked) desired outcomes and defined project timelines.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION D – PROJECT/POSITION RATIONALE**

**Explain how this project/position contributes to the achievement of College strategic 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.**

**Which District Goal, College Strategic Direction, or Departmental Goal does this project satisfy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_**

 **\_\_\_\_\_\_**

 **\_\_\_\_\_\_**

**SECTION E – STAFFING REQUEST**

**Proposed Position Title:**

**Proposed Department/Program or Reporting Relationship:**

**Indicate type of staffing being requested:**

 New permanent classified position

 Increase to existing permanent classified position

 Hourly classified

 Faculty (hourly, reassigned time, or stipend)

 Student assistant(s)

 Consultants/Professional Expert(s)

**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 )*

**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:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **DESCRIPTION** | **AMOUNT** |
| **Supplies** *[including taxes, S&H costs, etc…]* |  |  |
| **Equipment** *[including taxes, S&H costs, etc…]* |  |  |
| **Software** *[including taxes, S&H costs, etc…]* |  |  |
| **Inter-program charges** *[e.g. copies, postage, etc…]* |  |  |
| **Travel** |  |  |
| **Consultant/vendor fees** |  |  |
| **Staffing** *[include salary and benefits- these are 2015/16 benefit rates and are subject to change]* |  |  |
| **Classified – permanent (new or increase)** *[calculate benefits at 20.95740% of salary]* |  |  |
| **Classified – hourly** *[calculate benefits at 9.11040% of salary]* |  |  |
| **Faculty – hourly** *[calculate benefits at 6.91040% of salary]* |  |  |
| **Faculty – re-assigned time (and/or Backfill) or stipend** *[contact LMC Business Office for details]* |  |  |
| **Health Benefits (medical, dental and vision)**(Estimated at mid-tier: $32,391.54/yr) |  |  |
| **Student assistant(s)** *[calculate benefits at 1.41040% of salary]* |  |  |
| **Other** |  |  |
| **TOTAL BUDGET REQUEST** |  |  |