**Resource Allocation Process (RAP)**

**2014-15 Request Form**

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

Program Improvement & Development

* Addresses proposals for – and requests for resources to support **– new projects that improve*, change or create programs or services*,** as opposed to projects that maintain existing programs or services
  + Examples include: new courses, new programs, or material changes to previously provided services (e.g. online counseling)
  + May include resources for: faculty personnel (hourly, re-assigned time, or stipend), student assistants, hourly classified, or classified positions *(see “Permanent Classified Staffing” section below for details)*
* Provides a mechanism for programs and/or departments to highlight the benefits of a project and to request resources to support it
* **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

* 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 a prioritization schedule is currently being developed for refreshing such technology.
* Provides a mechanism for programs and departments to identify needs that cannot be addressed through their currently allocated budget
* **Can be submitted throughout the year**, if/when a need arises
* Requests will be forwarded to the President’s Cabinet for approval and allocation of funds

Permanent Classified Staffing

* Covers requests for additional resources needed to support the operations of either a new or 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 current salary schedule of the District
* **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 if the proposal is to be considered for this funding; Perkins IV process overview, 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, E (if applicable) & 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 2014-15 funding, **RAP requests are due to the LMC Director of Business Services by 5:00 p.m. on Friday, February 21, 2014**

**SECTION A – REQUEST OVERVIEW**

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

**Department/Unit/Team:**

**Submitted by:**

*Name* *Extension* *Date*

**Total budget request =**

**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**

**1st level review by Supervising Manager:**

*Signature* *Date*

**2nd level review by Area Manager:**

*Signature (Senior Dean/VP/President)* *Date*

**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*

**All technology-related requests (e.g. computers, software, A/V or media equipment, etc…) must be reviewed by the LMC IT Department to confirm costs and compatibility:**

*Initialed by Technology Systems Manager*

**President’s Cabinet:**

*(for Program Maintenance)* *Date reviewed Funding source(s) identified*

**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.**

**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.**

**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)

**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 (you do not have to indicate a specific job classification – this will be done as a Human Resources function after the proposal is approved);**
3. **how this position will address long-term staffing issues or operational problems.**

**SECTION F– BUDGET**

**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:**

**Indicate duration of funding request:**  One year

Two years

Ongoing

Other *(please specify )*

**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]* |  |  |
| **Classified – permanent (new or increase)** *[calculate benefits at 21.2082% of salary]* |  |  |
| **Classified – hourly**  *[calculate benefits at 9.77% of salary]* |  |  |
| **Faculty – hourly**  *[calculate benefits at 7.57% of salary]* |  |  |
| **Faculty – re-assigned time or stipend**  *[contact LMC Business Office for details]* |  |  |
| **Student assistant(s)** *[calculate benefits at 2.1%]* |  |  |
| **Other** |  |  |
| **TOTAL BUDGET REQUEST** |  |  |