Unit Plan – PROPOSAL FOR NEW INITIATIVES

Unit: ASPIRE-Student Support Services
Division or Area to Which You Report: Student Services, Special Programs
Name of Person Completing this Form: Tammeil Gilkerson
Date: 3/12/08

Audience: Deans/Unit Administrators, IPBC, Foundation, Grants, Budget,

Purpose: A “New Initiative” is a new project or expansion of a current project that supports college goals. The project will require the support of additional and/or outside funding. The information you provide will facilitate and focus the research and development process for finding outside funding.

Instructions: Please fill in the following information.

Priority Objective or Strategic Plan Objective Addressed:

<table>
<thead>
<tr>
<th>Objective: (include goal/objective number from Part II of your Unit Plan for reference)</th>
</tr>
</thead>
</table>

Project Description:

Expected Outcome:

Activity Plan to Accomplish the Objective:

<table>
<thead>
<tr>
<th>ACTIVITY NO.</th>
<th>ACTIVITY (simple description)</th>
<th>PERSON(S) RESPONSIBLE</th>
<th>TIMELINE (OR TARGET COMPLETION DATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Resource Requirements:

<table>
<thead>
<tr>
<th>ACTIVITY NO.</th>
<th>BUDGET CATEGORY AND ACCOUNT NUMBER</th>
<th>DESCRIPTION</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Personnel (staffing and benefits for professional experts, reassigned time, classified personnel).*</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supplies</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

Proposed personnel workload may be covered by:

- [ ] New Hires:  
  - Faculty  
    - # of positions ____________
  - Classified staff  
    - # of positions ________

- [ ] Reassigning existing employee(s) to the project; employee(s)’ current workload will be:
  - [ ] Covered by overload or part-time employee(s)
  - [ ] Covered by hiring temporary replacement(s)
  - [ ] Other, explain _____________________________________________________________________

At the end of the project period, the proposed project will:

- [ ] Be completed (onetime only effort)
- [ ] Require additional funding to continue and/or institutionalize the project (obtained by/from):
  _____________________________________________________________________________________

Will the proposed project require facility modifications, additional space, or program relocation?

- [ ] No  
- [ ] Yes, explain: _____________________________________________________________________

Will the proposed project involve subcontractors, collaborative partners, or cooperative agreements?

- [ ] No  
- [ ] Yes, explain: _____________________________________________________________________
Do you know of any grant funding sources that would meet the needs of the proposed project?

☐ No  ☐ Yes, list potential funding sources:

[Blank space for input]