Planning and Resource Allocation Sample Template:

Section I: Program or Division Information:

Introduction:	
Name of Program or Division:	
Contact Person:	
Contact Information:	
Current Year:	Fiscal Year 2017
Planning Year/FY:	Planning Year 2018/Fiscal Year 2018

Section II: College and Program or Division Missions "Why Does it Matter?"

Program or Division Focus:	
College Mission:	The mission of the American Samoa Community College is to foster successful student learning by providing high quality educational programs and services that will enable students to achieve their educational goals and to contribute to the social, cultural, political, economic, technological, and environmental well-being of American Samoa. To fulfill this mission, the College, as an open admissions, United States accredited, Land Grant institution, provides access to bachelor and associate degrees and certificate programs of study. These programs prepare all students including those who are educationally underserved, challenged, or non-traditional for: • Transfer to institutions of higher learning; • Successful entry into the workforce; • Research and extension in human and natural resources; • Awareness of Samoa and the Pacific.
Current Year College Priorities Aligned to 2015-2020 Institutional Strategic Plan:	**Priority 1: Maintenance** • Institutional Strategic Plan (ISP) Academic Excellence • Goal 1: ASCC will enhance and deliver innovative, effective education and support programs to facilitate student academic success. – Objective 1: ASCC will provide qualified faculty, appropriate facilities, and a curriculum driven by outcomes qualities and competencies. **Priority 2: Reclassification** • Goal 1: ASCC will enhance and deliver innovative, effective education and support programs to facilitate student academic success. – Objective 3: ASCC will emphasize high quality teaching and services. **Priority 3: Professional Development** • Goal 2: ASCC will support faculty and staff performance commitment. – ASCC will continue to provide a work environment that encourages professional growth, recognized and supports excellence in services, and provides advancement opportunities. **Priority 4: Community Outreach, Extension, and Research** • Institutional Strategic Plan (ISP) Academic Excellence • Goal 1: ASCC will enhance and deliver innovative, effective education and support programs to facilitate student academic success. – Objective 4: ASCC will continue to develop, implement, and solidify programs that serve the need of the community.
Program or Division Mission:	

Section III: Program or Division Outcomes "Where we are at and why it Matters"

A. Summary Context: Program or Division Outcomes and Actions *(Academic Year 2016-2017)*	
Outcome 1- Statement:	**Description of actions done to meet Outcome 1:**
Outcome 2- Statement:	**Description of actions done to meet Outcome 2:**
Outcome 3- Statement:	**Description of actions done to meet Outcome 3:**
Outcome 4- Statement:	**Description of actions done to meet Outcome 4:**
Outcome 5- Statement:	**Description of actions done to meet Outcome 5:**

B. Program or Division Outcome Achievements *(Academic Year 2016-2017)*
Describe the outcome achievements of your Program or Division during this Academic Year.
Outcome 1 Achievement(s):
Outcome 2 Achievement(s):
Outcome 3 Achievement(s):
Outcome 4 Achievement(s):
Outcome 5 Achievement(s):

C. Closing the Loop: Program Review and Assessment *(Academic Year 2016-2017)*	
Checkmark the appropriate boxes as it applies and provide additional information as appropriate:	
1. Conducted and Completed Program Review:	☐ Institutional Program Review 2016 ☐ Divisional Program Review 2016 ☐ Program/Division developed Program Review Instrument 2016 or 2017 ☐ Other *(Please Explain):*
2. Program or Division services offered that link to:	☐ Board Policies ☐ Administrative Governance Policies ☐ Division Standard Operating Procedures
3. List Board Policies and Administrative Governance Policies affiliated with your Program or Division:	
4. List any challenges encountered in the implementation of Board policies and/or Administrative Governance policies that impact your Program or Division SOPs or services.	
5. List any recommendations to improve Board policies and/or Administrative Governance policies.	
Additional Comments: *(Please list any additional comments in the space provided.):*	

Section IV.A: Program or Division Planning Context "Where we are Going?"

The following sections will serve as the 'Planning' function for your Program or Division ***Fiscal Year 2018*** planning and budget annual cycle. Ongoing or New Outcomes and planning activities and resources needed should be described in the following tables provided. For programs or divisions requesting for additional financial resources, additional information will be needed as well as, justification based on program review and assessment findings.

A. Planning FY 2018 Outcomes:		
*Please list your Program's or Division's Outcome(s) for **Fiscal Year 2018**. Please indicate whether your outcomes are ongoing or new. Also, indicate the appropriate College Institutional Priority to which each outcome will be implemented and monitored.*		
Outcome Statements:	**Outcome Status:**	**Aligned to College Priorities:**
Outcome 1:	☐ Ongoing Outcome ☐ New Outcome	☐ Maintenance ☐ Reclassification ☐ Professional Development ☐ Community Outreach, Extension, and Research
Outcome 2:	☐ Ongoing Outcome ☐ New Outcome	☐ Maintenance ☐ Reclassification ☐ Professional Development ☐ Community Outreach, Extension, and Research
Outcome 3:	☐ Ongoing Outcome ☐ New Outcome	☐ Maintenance ☐ Reclassification ☐ Professional Development ☐ Community Outreach, Extension, and Research
Outcome 4:	☐ Ongoing Outcome ☐ New Outcome	☐ Maintenance ☐ Reclassification ☐ Professional Development ☐ Community Outreach, Extension, and Research
Outcome 5:	☐ Ongoing Outcome ☐ New Outcome	☐ Maintenance ☐ Reclassification ☐ Professional Development ☐ Community Outreach, Extension, and Research

Section IV.B: Program or Division Planning Context "How do we get there?"

B. Program or Division Plans, Activities, and Resources:
*Use the following tables below to describe your Program or Division Plans & Activities, and Resources needed for **Fiscal Year 2018**. (For additional resource requests, please complete the 'Request for Additional Resources' table that is separate from each Outcome # - Plans and Activities.)*

Outcome 1- PLANS AND ACTIVITIES:

Outcome #1- Plans and Activities: Fiscal Year 2018		
Description of Plans and Activities:	**Expected Outcomes / Criteria for Success:** *Describe the expected outcomes for this plan and assessment criteria for success. This may pertain to learning services, organizational structure, structural elements, or institution-set standards.*	**Funding:**
1.		**Cost: $** _____ **Funding Source:** ☐ Grant or MOU: *(Please Specify)* _____ ☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300 ☐ Travel Expenses 5400

		☐ Contractual Service 5500 ☐ Equipment 5600 ☐ Other *(Specify)* _____
2.		**Cost: $** _____ **Funding Source:** ☐ Grant or MOU: *(Please Specify)* _____ ☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300 ☐ Travel Expenses 5400 ☐ Contractual Service 5500 ☐ Equipment 5600 ☐ Other *(Specify)* _____
3.		**Cost: $** _____ **Funding Source:** ☐ Grant or MOU: *(Please Specify)* _____ ☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300 ☐ Travel Expenses 5400 ☐ Contractual Service 5500 ☐ Equipment 5600 ☐ Other *(Specify)* _____
4.		**Cost: $** _____ **Funding Source:** ☐ Grant or MOU: *(Please Specify)* _____ ☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300 ☐ Travel Expenses 5400 ☐ Contractual Service 5500 ☐ Equipment 5600 ☐ Other *(Specify)* _____
5.		**Cost: $** _____ **Funding Source:** ☐ Grant or MOU: *(Please Specify)* _____ ☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300 ☐ Travel Expenses 5400 ☐ Contractual Service 5500 ☐ Equipment 5600 ☐ Other *(Specify)* _____

Outcome #1- Request for Additional Resources:

Request:	Description of Purpose & Justification:	Funding:
1.		**Cost: $** _____

		Requested Funding Source: ☐ Local Funds: *(Please Specify)* ☐ **Personnel 5100** ☐ **Materials & Supplies 5200** ☐ **All Other Costs 5300** ☐ **Travel Expenses 5400** ☐ **Contractual Service 5500** ☐ **Equipment 5600** ☐ **Other *(Specify)*** _____

Outcome 2- PLANS AND ACTIVITIES:

Outcome #2- Plans and Activities: Fiscal Year 2018		
Description of Plans and Activities:	**Expected Outcomes / Criteria for Success:** *Describe the expected outcomes for this plan and assessment criteria for success. This may pertain to learning services, organizational structure, structural elements, or institution-set standards.*	**Funding:**
1.		**Cost: $** _____ **Funding Source:** ☐ Grant or MOU: *(Please Specify)* ☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300 ☐ Travel Expenses 5400 ☐ Contractual Service 5500 ☐ Equipment 5600 ☐ Other *(Specify)* _____
2.		**Cost: $** _____ **Funding Source:** ☐ Grant or MOU: *(Please Specify)* ☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300 ☐ Travel Expenses 5400 ☐ Contractual Service 5500 ☐ Equipment 5600 ☐ Other *(Specify)* _____
3.		**Cost: $** _____ **Funding Source:** ☐ Grant or MOU: *(Please Specify)* ☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300 ☐ Travel Expenses 5400 ☐ Contractual Service 5500 ☐ Equipment 5600 ☐ Other *(Specify)* _____
4.		**Cost: $** _____ **Funding Source:** ☐ Grant or MOU: *(Please Specify)*

		☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300 ☐ Travel Expenses 5400 ☐ Contractual Service 5500 ☐ Equipment 5600 ☐ Other *(Specify)* _____
5.		**Cost: $** _____ **Funding Source:** ☐ Grant or MOU: *(Please Specify)* _____ ☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300 ☐ Travel Expenses 5400 ☐ Contractual Service 5500 ☐ Equipment 5600 ☐ Other *(Specify)* _____

Outcome #2- Request for Additional Resources:

Request:	Description of Purpose & Justification:	Funding:
1.		**Cost: $** _____ **Requested Funding Source:** ☐ Local Funds: *(Please Specify)* ☐ **Personnel 5100** ☐ **Materials & Supplies 5200** ☐ **All Other Costs 5300** ☐ **Travel Expenses 5400** ☐ **Contractual Service 5500** ☐ **Equipment 5600** ☐ **Other *(Specify)*** _____

Outcome 3- PLANS AND ACTIVITIES:

Outcome #3- Plans and Activities: Fiscal Year 2018

Description of Plans and Activities:	**Expected Outcomes / Criteria for Success:** *Describe the expected outcomes for this plan and assessment criteria for success. This may pertain to learning services, organizational structure, structural elements, or institution-set standards.*	Funding:
1.		**Cost: $** _____ **Funding Source:** ☐ Grant or MOU: *(Please Specify)* _____ ☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300 ☐ Travel Expenses 5400 ☐ Contractual Service 5500 ☐ Equipment 5600 ☐ Other *(Specify)* _____
2.		**Cost: $** _____

		Funding Source: ☐ Grant or MOU: *(Please Specify)* _____ ☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300 ☐ Travel Expenses 5400 ☐ Contractual Service 5500 ☐ Equipment 5600 ☐ Other *(Specify)* _____
3.		**Cost: $** _____ **Funding Source:** ☐ Grant or MOU: *(Please Specify)* _____ ☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300 ☐ Travel Expenses 5400 ☐ Contractual Service 5500 ☐ Equipment 5600 ☐ Other *(Specify)* _____
4.		**Cost: $** _____ **Funding Source:** ☐ Grant or MOU: *(Please Specify)* _____ ☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300 ☐ Travel Expenses 5400 ☐ Contractual Service 5500 ☐ Equipment 5600 ☐ Other *(Specify)* _____
5.		**Cost: $** _____ **Funding Source:** ☐ Grant or MOU: *(Please Specify)* _____ ☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300 ☐ Travel Expenses 5400 ☐ Contractual Service 5500 ☐ Equipment 5600 ☐ Other *(Specify)* _____

Outcome #3- Request for Additional Resources:

Request:	Description of Purpose & Justification:	Funding:
1.		**Cost: $** _____ **Requested Funding Source:** ☐ Local Funds: *(Please Specify)* ☐ **Personnel 5100** ☐ **Materials & Supplies 5200** ☐ **All Other Costs 5300** ☐ **Travel Expenses 5400** ☐ **Contractual Service 5500** ☐ **Equipment 5600**

		☐ **Other** ***(Specify)*** _____

Outcome 4- PLANS AND ACTIVITIES:

Outcome #4- Plans and Activities: Fiscal Year 2018		
Description of Plans and Activities:	**Expected Outcomes / Criteria for Success:** *Describe the expected outcomes for this plan and assessment criteria for success. This may pertain to learning services, organizational structure, structural elements, or institution-set standards.*	**Funding:**
1.		**Cost: $** _____ **Funding Source:** ☐ Grant or MOU: *(Please Specify)* _____ ☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300 ☐ Travel Expenses 5400 ☐ Contractual Service 5500 ☐ Equipment 5600 ☐ Other *(Specify)* _____
2.		**Cost: $** _____ **Funding Source:** ☐ Grant or MOU: *(Please Specify)* _____ ☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300 ☐ Travel Expenses 5400 ☐ Contractual Service 5500 ☐ Equipment 5600 ☐ Other *(Specify)* _____
3.		**Cost: $** _____ **Funding Source:** ☐ Grant or MOU: *(Please Specify)* _____ ☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300 ☐ Travel Expenses 5400 ☐ Contractual Service 5500 ☐ Equipment 5600 ☐ Other *(Specify)* _____
4.		**Cost: $** _____ **Funding Source:** ☐ Grant or MOU: *(Please Specify)* _____ ☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300 ☐ Travel Expenses 5400 ☐ Contractual Service 5500 ☐ Equipment 5600

		☐ Other *(Specify)* _____
5.		**Cost: $** _____ **Funding Source:** ☐ Grant or MOU: *(Please Specify)* _____ ☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300 ☐ Travel Expenses 5400 ☐ Contractual Service 5500 ☐ Equipment 5600 ☐ Other *(Specify)* _____

Outcome #4- Request for Additional Resources:

Request:	Description of Purpose & Justification:	Funding:
1.		**Cost: $** _____ **Requested Funding Source:** ☐ Local Funds: *(Please Specify)* ☐ **Personnel 5100** ☐ **Materials & Supplies 5200** ☐ **All Other Costs 5300** ☐ **Travel Expenses 5400** ☐ **Contractual Service 5500** ☐ **Equipment 5600** ☐ **Other *(Specify)*** _____

Outcome 5- PLANS AND ACTIVITIES:

Outcome #5- Plans and Activities: Fiscal Year 2018

Description of Plans and Activities:	**Expected Outcomes / Criteria for Success:** *Describe the expected outcomes for this plan and assessment criteria for success. This may pertain to learning services, organizational structure, structural elements, or institution-set standards.*	Funding:
1.		**Cost: $** _____ **Funding Source:** ☐ Grant or MOU: *(Please Specify)* _____ ☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300 ☐ Travel Expenses 5400 ☐ Contractual Service 5500 ☐ Equipment 5600 ☐ Other *(Specify)* _____
2.		**Cost: $** _____ **Funding Source:** ☐ Grant or MOU: *(Please Specify)* _____ ☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300

		☐ Travel Expenses 5400 ☐ Contractual Service 5500 ☐ Equipment 5600 ☐ Other *(Specify)* _____
3.		**Cost: $** _____ **Funding Source:** ☐ Grant or MOU: *(Please Specify)* _____ ☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300 ☐ Travel Expenses 5400 ☐ Contractual Service 5500 ☐ Equipment 5600 ☐ Other *(Specify)* _____
4.		**Cost: $** _____ **Funding Source:** ☐ Grant or MOU: *(Please Specify)* _____ ☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300 ☐ Travel Expenses 5400 ☐ Contractual Service 5500 ☐ Equipment 5600 ☐ Other *(Specify)* _____
5.		**Cost: $** _____ **Funding Source:** ☐ Grant or MOU: *(Please Specify)* _____ ☐ Local Funds: *(Please Specify)* ☐ Materials & Supplies 5200 ☐ All Other Costs 5300 ☐ Travel Expenses 5400 ☐ Contractual Service 5500 ☐ Equipment 5600 ☐ Other *(Specify)* _____

Outcome #5- Request for Additional Resources:

Request:	Description of Purpose & Justification:	Funding:
1.		**Cost: $** _____ **Requested Funding Source:** ☐ Local Funds: *(Please Specify)* ☐ **Personnel 5100** ☐ **Materials & Supplies 5200** ☐ **All Other Costs 5300** ☐ **Travel Expenses 5400** ☐ **Contractual Service 5500** ☐ **Equipment 5600** ☐ **Other *(Specify)*** _____

Section V: Improving the Planning Process

Please share your suggestions to improve the planning process for your Program or Division as well as additional information the College should provide to assist your Program's or Division's planning.
1.
2.
3.

Section VI: Contributors

Contributor(s) to your Program/Division Plan:	Program/Division and Purpose (Cost Sharing- if applicable):
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	