**Draft Funding PROPOSAL-IPBT PROJECT NAME:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **SCORE****CRITERIA** | **4** | **3** | **2** | **1** | **0** | **SCORE** |
| **What is your request?****Who will be served?** | **DESCRIPTION** | Describes specific request and group to be served | comprehensively | adequately | limited description | Request or group served unclear | both request and group served unclear |  |
| **How does the outcome of this request align with the College Mission?** | **College Mission** | **Intention clearly linked to the implementation of: Pick two and explain.****strategic Initiatives- outreach; individualized student success and retention; cultural competency; community collaboration.****College’s Institutional Core Competencies - Communication and expression; Information literacy; Physical/mental wellness and personal responsibility; Civic capacity for global, cultural, social and environmental justice, critical thinking and/or****College’s Core Values: Innovation, Equity, Development of Human Capacity; Civic Engagement for Social Justice, Integrity.** | comprehensively | adequately | limited description | Request or group served unclear | both request and group served unclear |  |
| **Explain how PLOAC data supports/shows a need for this funding resource.** |  **Assessment** | PLOAC clearly related to the request or -if not directly related % of work completed is stated or -data supports need for certificate and degree innovative project work or assessment | comprehensive, sound methodology and clear qualitative and/or quantitative metrics | adequate and sound methodology and metrics | limited methodology and metrics | methodology or metrics unclear | no PLOAC assessment evident |  |
| **Explain how Equity data supports/shows a need for this funding resource.** |  **Assessment** | EQUITY assessment clearly related to the request or -if not, directly related % of work completed is stated ordata supports need for innovative project work or assessment | comprehensive, sound methodology and clear qualitative and/or quantitative metrics | adequate and sound methodology and metrics | limited methodology and metrics | methodology or metrics unclear | both methodology and metrics unclear |  |
| **If applicable, explain how the outcome could support Staff Development**  |  **Staff Support** |  Staff Development Plan clearly related to the request or if not directly related % of work | effective / innovative plan | adequate and sound plan | limited plan | plan unclear | no plan |  |
| **If applicable, explain how this request would support the primary operations of the department/division.** | **Program Operation**  |  Describes the reasons the funding is necessary in order to support the operational aspects of the program or facility  | comprehensively | adequately | limited description | equest unclear | Request and operational description unclear |  |
|  | **Total** |  |
| **If applicable, explain how this request could enhance collaboration between college programs.** | **Collaboration** |  Describes collaboration between proposed project and existing college programs | extensive or ongoing collaboration avoiding duplication | Some collaboration avoiding duplication | Limited collaboration, may include duplication | minimal collaboration, may include duplication | No collaboration stated |  |