

# Student Success and Support Program Planning Form FY 20

NAME OF PROJECT (PLEASE CHECK IF THIS IS A NEW PROJECT  OR EXISTING PROJECT 

KEY STRATEGY/ENABLING OBJECTIVE:

## Implementation Schedule/Time Table

GOAL(S) OF PROJECT:

TARGET:

INSTITUTIONAL GOAL-

UNIT PLAN GOAL-

TASK (STEPS TO ACCOMPLISH GOAL):

COMPLETION DATE

RESPONSIBILITY (IDENTIFY LEAD PARTICIPANTS AND LIST THE CONTACT NAME OF THE PERSON(S) WHO WILL BE SUBMITTING THE NECESSARY PAPERWORK FOR ALL APPROVED PROJECTS):

BUDGET: COMPLETE THE ATTACHED "PROJECTED EXPENDITURES" SPREADSHEET WITH DETAILED LINE ITEMS FOR EACH EXPENSE.

PLEASE CHECK THE TERM THAT BEST DESCRIBES YOUR FUNDING REQUEST:

ONE-TIME-ONLY     RECURRING\*

\*Recurring means that you have asked for this funding in the previous fiscal year.

REQUESTED AMOUNT:

\$ \_\_\_\_\_

**TECHNOLOGY NEEDS DESCRIPTION (INCLUDE ANY COST IN THE BUDGET SPREADSHEET):**

**EVALUATION/CONTROL:**

**FUNDING APPROVED:**  YES  NO

**APPROVED AMOUNT:** \$ \_\_\_\_\_

\_\_\_\_\_  
**MANAGER SIGNATURE**

\_\_\_\_\_  
**DATE**

**COMMENTS:**