

# Student Equity Funding Request (2016-2017 Allocation)

Funds are available for expenditures relating to the goals and activities of our Student Equity Plan. All requests will be evaluated and funded based on the ability to enhance the mission and goals of School of Continuing Education **and** student equity.

## Student Equity Goals

View the Student Equity Plan at: <https://www.nocccd.edu/student-equity-plans>

### Access

- A.1. Goal:** Increase male student enrollment in CTE, Basic Skills, and ESL Programs.
- A.2. Goal:** Increase enrollment of African American, Pacific Islander, and American Indian/ Alaskan Native students.
- A.3. Goal:** Increase enrollment of students age 18-24 in CTE, Basic Skills, and ESL Programs.

### Course Completion

- B.1. Goal:** SCE will increase the success of CTE course an program completion by African American (male), Pacific Islander (female/ male), and students with disabilities by identifying students at risk of not passing CTE courses in a timely manner an equipping them with foundational skills in reading, math and writing as well as appropriate accommodations

### Degree and Certification Completion

- D.1. Goal:** Increase the completion rate of High School Diploma Program by the students transferring their credits from foreign countries, i.e., relying on the evaluation of foreign transcripts.

### Transfer

- E.1. Goal:** Increase noncredit-to-credit transfer rate of Latino/Hispanic, White Non-Hispanic, African American, and American Indian high school diploma student and ESL Academic Success.
- E.2. Goal:** Improve the success rates of Asian, Filipino, African American, and Native American certificates students transferring to credit

**Please ensure your request follows the expenditure guidelines found on the CCCC web site at**  
<http://extranet.cccco.edu/Divisions/StudentServices/StudentEquity.aspx>

Is this activity: <input type="checkbox"/> a) One time request	<input type="checkbox"/> b) a 2-yr request	<input type="checkbox"/> c) a 3-yr request	<input type="checkbox"/> New Project	<input type="checkbox"/> Continuing Project
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Student Equity Funding prohibits the use of funds to supplant. Supplanting is the process of redirecting funds from existing resources or programs. This means that if the project is or was already in place and funded by SCE, Student Equity Funds may not be redirected to pay for the same project.

Project, Program, or Event:

Funding Amount Requested 2016-2017

Total Funding Amount Requested (all project years)

Funding Category

Other (Please Describe):

For definitions of Funding Categories please go to:

[http://extranet.cccco.edu/Portals/1/SSSP/StudentEquity/Student\\_Equity\\_Expenditure\\_Guidelines\\_2015-16\\_Final.pdf](http://extranet.cccco.edu/Portals/1/SSSP/StudentEquity/Student_Equity_Expenditure_Guidelines_2015-16_Final.pdf)

Note: All projects/plans will be required to report out to the Office of Student Success and Equity on an ongoing basis. All funding is tentative pending allocation from the State Chancellor's office. Projects will be funded based on availability of funds and committee prioritization.

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IMPLEMENTATION PLAN - Pg. 1

**1a. NEW ACTIVITIES** -- Is your activity a new intervention to improve student outcomes? Provide references to literature or research that demonstrate its effectiveness. If your activity is to conduct research, discuss any data that has been or will be collected to uncover the target populations gaps and any resulting actions, based on your research, to close those gaps. Include start and end dates for the activity and the budget allocated to the activity -- including student equity, categorical, or other funding sources and their amounts.

**1b. ONGOING ACTIVITIES** -- Provide an overview of program history, date of planned implementation, relevant data on the impact of activity, timeline and description of activity to be implemented including expenditures of student equity funding and other program funding. Describe how student equity funds will not be supplanting other district funds. Plan expenditures should be listed here as well as in the Student Equity Plan Summary Budget spreadsheet.

**1c.LINK TO STUDENT EQUITY INDICATOR(S):** Access, Course Completion, ESL/Basic Skills, Degree/Certificate Completion, Transfer, and Other College/ District-wide initiatives affecting several indicators. Provide a brief explanation of how this activity will help achieve the goal(s) described above.

**2. Target Student Group(s) and estimated number of each served:** (example -- DSS 500, Hispanics 2000, etc.)

**3. Activities and Outcomes -** Does your activity integrate with other funding sources at SCE?

**4. Institutionalization -** How do you plan to integrate this project with school wide structure? What sources of funding will be needed to institutionalize these activities? Please explain.

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IMPLEMENTATION PLAN - Pg. 2

	<b>Description of Activity</b> (Please use as many columns as needed to separate line items)	<b>Responsible Person(s)</b>	<b>Target Date for Completion</b>	<b>Student Equity Success Indicator</b> (Select one or more for each activity)
1				<input type="checkbox"/> Access <input type="checkbox"/> Course Completion <input type="checkbox"/> ESL&BS Completion <input type="checkbox"/> Diploma&Certificates <input type="checkbox"/> Transition to Credit
2				<input type="checkbox"/> Access <input type="checkbox"/> Course Completion <input type="checkbox"/> ESL&BS Completion <input type="checkbox"/> Diploma&Certificates <input type="checkbox"/> Transition to Credit
3				<input type="checkbox"/> Access <input type="checkbox"/> Course Completion <input type="checkbox"/> ESL&BS Completion <input type="checkbox"/> Diploma&Certificates <input type="checkbox"/> Transition to Credit
4				<input type="checkbox"/> Access <input type="checkbox"/> Course Completion <input type="checkbox"/> ESL&BS Completion <input type="checkbox"/> Diploma&Certificates <input type="checkbox"/> Transition to Credit

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## IMPLEMENTATION PLAN - Pg. 3

Upon Approval, what data collection process do you plan to use to evaluate the effectiveness of the activity or plan?  
*i.e. faculty/student surveys, retention statistics, or log-in sheets, etc.*

Data collection documents must be submitted to Tina King in the Institutional Research and Planning Office per trimester following the cumulation of the event.

\* If data is needed for other reports, please submit a research request form.

\*\*Please reference logic model example on last page.

**1.** What data will be collected to measure the progress of an activity toward achieving its goal? (i.e. faculty/student surveys, retention statistics, or Log-in sheets.)

**2.** Will evaluation take place throughout the activity or at the end of the activity? Provide a timeline for data collection and evaluation. List responsible persons for these activities.

**3.** How will evaluation help your activity/ program?

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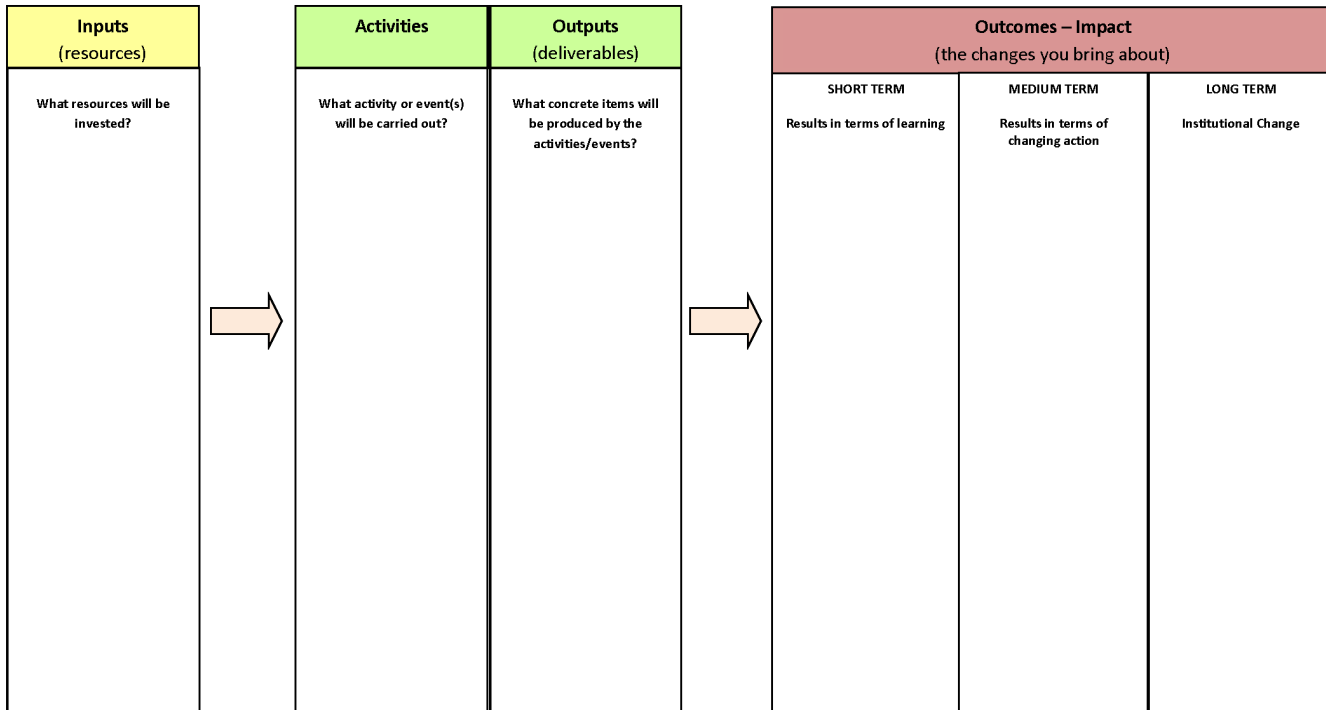
Proposals should be a departmental collaboration and must be reviewed with a Division Manager. Please print this form, before submitting, and provide your supervisor with a copy.

Contact Person Signature:		Date:		
Director, Institutional Research Signature:		I have approved the data collection documents.		
		<input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>		
Program Director Signature:		<input type="checkbox"/> Approve <span style="margin-left: 50px;"><input type="checkbox"/> Amend</span> <span style="margin-left: 50px;"><input type="checkbox"/> Deny</span>		
		Reason for denial, or suggestion(s) for amendment:		
Special Project Manager, Student Equity Signature:		<input type="checkbox"/> Approve <span style="margin-left: 50px;"><input type="checkbox"/> Amend</span> <span style="margin-left: 50px;"><input type="checkbox"/> Deny</span>		
		Reason for denial, or suggestion(s) for amendment:		
Director, Administrative Services Signature:		<input type="checkbox"/> Approve <span style="margin-left: 50px;"><input type="checkbox"/> Amend</span> <span style="margin-left: 50px;"><input type="checkbox"/> Deny</span>		
		Reason for denial, or suggestion(s) for amendment:		
Dean of Instruction & Student Services Signature:		<input type="checkbox"/> Approve <span style="margin-left: 50px;"><input type="checkbox"/> Amend</span> <span style="margin-left: 50px;"><input type="checkbox"/> Deny</span>		
		Reason for denial, or suggestion(s) for amendment:		

# LOGIC MODEL (Student Equity)

Program: \_\_\_\_\_

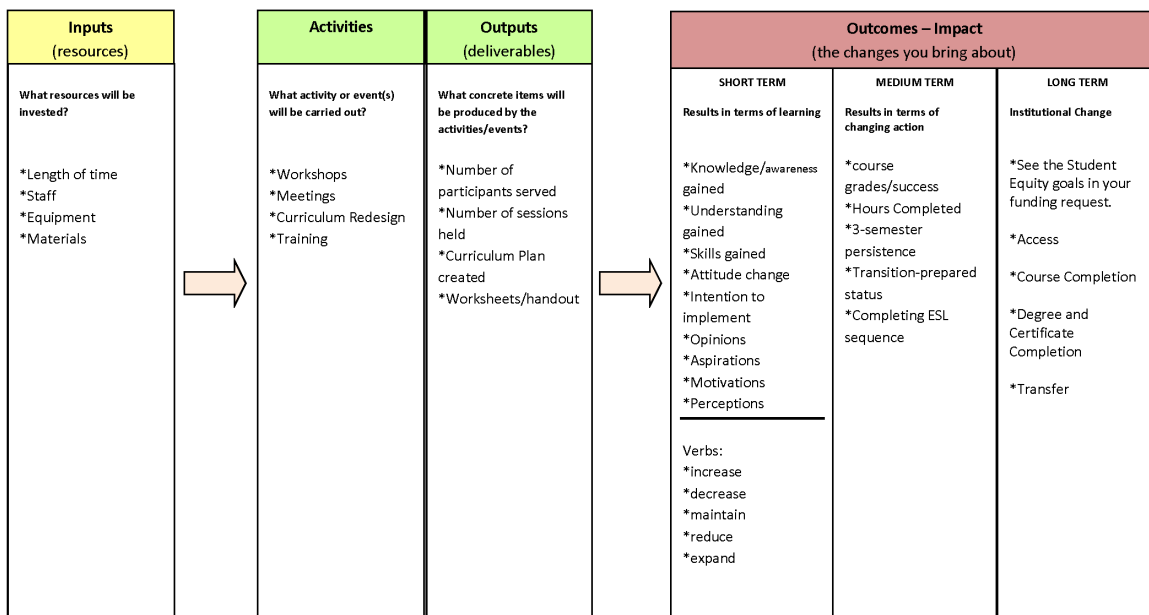
Situation (Problem/Need Statement): \_\_\_\_\_



## LOGIC MODEL GUIDE

Program: \_\_\_\_\_

Situation (Problem/Need Statement): \_\_\_\_\_



Assumptions

External Factors

Outcomes Evaluation (types of data to be collected, data collection times, etc.) should be explained in the Student Equity Funding Request Form.