

Activity Name	Cost Center Code	<b>A</b>	Activity Priority (signature)	#
Prepared By	Telephone Extension	<b>B</b>	Dean/Director/AVP-Level Priority (signature)	#
		<b>C</b>	Division Priority (signature)	#
		<b>D</b>	Budget Committee Priority	#

## ANNUAL UNIT PLAN/REQUEST FOR FUNDS 2009-2010

CATEGORY	RESPONSE	
1. Description of request (Attach additional sheet if necessary)		
2. Align w/ (1) strategic plan priority (ies), (2) master plans/division goals, and/or (3) department goals/action plans in program review.	<i>Use reverse side</i>	
3. All costs associated with request	2009-2010 Estimate	
	One-Time	Ongoing
<i>Certificated</i> Position title and class code: _____ (Check one): Prob _____ Limited _____ LT Sub _____ Fall Hrly _____ Spr Hrly _____	\$	\$
<i>Classified</i> Position title and class code: _____ Basis: (Circle one) A C G X Shift: (Circle one) A (day) B (evening) C (night) Permanent or temporary: _____ Hours per pay period: _____ Rate: _____	\$	\$
<i>Unclassified</i> (check one) Student assistant _____ Program assistant _____ CGCA _____ Student tutor _____ Professional expert _____ Other _____ Rate: _____	\$	
Instructional media materials	\$	\$
Non-instructional supplies	\$	\$
Printing/copying	\$	\$
Equipment (Instructional and non-instructional)	\$	
Maintenance of equipment	\$	\$
Contracts/personal services	\$	\$
Alteration and improvement (A & I)	\$	
Other (GL Account)	\$	\$
<b>TOTAL:</b>	\$	\$

4. Other department/unit(s) this request impacts	Impact will be ("X" all that apply)				Department/unit included in planning?	
	Time	Facilities	Money	Staff	Yes	No

**2. ALIGNMENT WITH . . .**

Strategic Plan priority (ities):

Master Plan (Educational, Facilities, IT) or other division goals:

Department goal/action plan:

Supporting data: