



College of the Redwoods Basic Skill Initiative Request for Funds

For Committee Use Only:

Submitted:

Date Approved:

Summary Title: MMAP in-person meeting (funding for 4 people to participate)

Funding Year: 2015-16

1. Author: Erin Wall

2. Date: 10/9/15 **3. Email:** erin-wall@redwoods.edu

4. Briefly describe how your proposal supports the Basic Skills Mission Statement and/or the Basic Skills annual plan: Support for the College's participation in the Multiple Measures Assessment Project is an Action Plan item for this year's Basic Skills annual plan.

5. Intended Outcomes (should be specific, measurable targets tied to the [basic skills plan](#) and/or the basic skills sections of [the CR annual plan](#)):

Intended Outcome (measurable)	Relationship to Institutional Plans
Participants will have a better understanding of what we need to do as a member of the pilot.	Participation in the RP Group's MMAP is part of the BSC annual plan.

6. Action and Assessment Plan Timeline (specify exactly what you will measure, when and how it will be measured):

Action	How Assessing	When Assessing

7. Anticipated expenses (attach another page if necessary. Itemized each request and include all related expenses such as taxes, shipping, benefits estimated at 10%). From the dropdown box, select the Chancellor's Office category that best fits your need:

Request (e.g. staff, materials, tutor)	Purpose of Request (e.g. tutoring, counseling, supplies for ESL classes)	Category (choose from dropdown)	Estimated Cost (include taxes, benefits, shipping)
Rental Car (10/27-10/29)		Choose an item.	\$200
Bridge Toll		Choose an item.	\$6
Meals		Choose an item.	\$256
Lodging (Approx: \$200/night)		Choose an item.	\$2400
Total		Choose	\$2862



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		an item.	
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8. a. Have you previously received Basic Skills funding for this project? ☐ Yes ☒ No
If yes, indicate what the request was for, and a brief assessment of the results and why you need further funding.

Request	Results	Justification for further funding

- b. Will this request require ongoing funding? ☐ Yes ☒ No

If yes, how long*: [Click here to enter text.](#) Please explain: [Click here to enter text.](#)

- c. *Projects that are intended to continue for an indefinite time need to be institutionalized within three (3) years. Define your plan for institutionalization:
[Click here to enter text.](#)

- d. Are you receiving or applying for funding from other sources: ☐ Yes ☒ No

If yes, what source(s): [Click here to enter text.](#)

9. a. List all faculty and/or staff involved and/or who are responsible for the project. Erin Wall, Angelina Hill, Tina Vaughan, and Sean Herrera-Thomas

- b. If the request is for temporary staffing, and you know the person's name, please include it here: [Click here to enter text.](#)

10. Was this request/will this request be included in your most recent Program Review?

☒ Yes ☐ No

10a. If no, why not? [Click here to enter text.](#)

11. Is technology involved in your proposal? ☐ Yes ☒ No

If yes, please document the response from tech support. [Click here to enter text.](#)

(Requests for new technology, facilities, or equipment require consultation with area providing services; contact Steven Roper or Angelina Hill for assistance.)

12. I understand that if granted, basic skill funds are to be expended in a manner that predominantly benefits basic skills students. By accepting funding for this project, I agree to provide a written or oral report describing how well intended outcomes were met, the results of the assessment and how this information can be used in the future. Projects funded for two semesters will require a mid-year update as well as a report upon completion. Please note: This is a one-time allotment of funds. Any future funding is contingent upon the submissions and granting of a new request and availability of funding.

Erin Wall 10/9/15
Author Signature Date