**Unit Goal Revisions**

**2020-2021**

**Plans for the unit for the second year of the two year plan (19-21)**

**Name of Program/Department: New Options**

**PERSONNEL REQUESTS:** Below please list any NEW personnel requests. All full-time requests should be listed first followed by any part-time requests. *\*This does not include replacements for current personnel who may leave during the year, because their salary is already included in your budget. \** If you have no personnel requests, you may skip this section.

**Brief Description of Request:**

**Proposed Job Title:**

**Salary Schedule:**

**Annual Salary and Benefits (This information can be obtained from HR):**

**Justification to support personnel request including data:**

*\*Please copy and paste the headings above for each personnel request if you have more than one.*

***No request at this time.***

**EQUIPMENT REQUESTS:** Below please list *ANY* equipment requests, including replacing old equipment. If you don’t have any equipment requests, you may skip this section. Please number your requests for easier tracking and reference.

**No request at this time.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **# requested** | **Equipment Location**  **(Campus, Bldg, and Room #)** | **Unit Cost** | **Total Cost** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| *\*If you need additional rows please right click in the row above and select “insert row below”* | | | **GRAND TOTAL:** |  |

**Justification and data (if applicable) to support equipment request:**

**ALL OTHER REQUESTS:** Below please list any additional requests that were not included above. This may include items such as; professional memberships, monetary budget requests for department or program activities, accreditation fees, etc… If you don’t have any of these requests, you may skip this section.

|  |  |  |
| --- | --- | --- |
| **Description Of Need** | | **Cost** |
| **Membership and to attend personal development to attend workshops or seminars on topics related to adults, grants and wraparound services.** | | **800.00** |
| **For printing additional program materials to post on campus and to mail to our 40 community partners.** | | **1000.00** |
|  | |  |
|  | |  |
| *\*If you need additional rows please right click in the row above and select “insert row below”* | **TOTAL:** | **1,800.00** |

**Justification and data (if applicable) to support request:**

**PRIORITY PAGE:** Please consider all budget items described above including personnel, equipment, and other then list them below in priority order. The most important and needed request should be listed first, the second most important second, etc… A full description is not needed, just the title and/or name of the item is sufficient.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Section (Personnel, Equipment, Other)** | **Title** | **Total Cost** |
| **Priority #1** | **Other** | Professional Memberships | $1,000 |
| **Priority #2** | **Other** | Printing | $800 |
| **Priority #3** |  |  |  |
| **Priority #4** |  |  |  |
| **Priority #5** |  |  |  |

*\*If you need additional rows, please right click in the row above and select “insert row below”*