

Resource Request Form
Planning & Organizational Effectiveness (POE) Committee

1. RESOURCE REQUEST (RR) TITLE:

2. DEPARTMENT/ADMINISTRATOR SUBMITTING REQUEST:

3. RESOURCE REQUEST TOTAL:

4. CHECK THE FOLLOWING THAT APPLY TO THE COST:

One time amount Ongoing amount Combo: One time and ongoing amount

5. IS THIS RESOURCE REQUEST:

Legally Mandated? Yes No

If yes, please provide explanation:

A Replacement Need? Yes No

If yes, please provide explanation:

Addressing a known or new safety need? Yes No

If yes, please provide explanation:

6. HOW DOES THIS REQUEST SUPPORT RSCCD'S MISSION? (See Comprehensive Master Plan)

- 7. LIST ALL RSCCD GOALS/STRATEGIC OBJECTIVES THAT THIS REQUEST SUPPORTS. (See Comprehensive Master Plan)**
- 8. SELECT ONE OF THE RSCCD GOALS THAT YOU FEEL IS MOST RELEVANT TO YOUR RESOURCE REQUEST AND PROVIDE AN EXPLANATION AS TO HOW YOUR REQUEST SUPPORTS THE SELECTED GOAL:**
- 9. LIST ANY OTHER PLANNING GOALS THAT THIS RESOURCE REQUEST SUPPORTS (TECHNOLOGY/FACILITIES/HUMAN RESOURCES).**
- 10. PROVIDE EVIDENCE THAT THIS RESOURCE REQUEST IS IN YOUR UNIT'S DEPARTMENT PLANNING PORTFOLIO (DPP).**
- 11. DOES OUTCOME ASSESSMENT DATA EXIST TO SUPPORT THE RESOURCE REQUEST? Yes No**
- IF YES, PROVIDE THE DATA AND RELATED EXPLANATION OF HOW THE DATA SUPPORTS THE REQUEST.**