



## Student Equity Funding Request Form 2016-2017

MVC’s Student Equity funding requests are reviewed to ensure proposed projects support goals, objectives, and activities identified in MVC's [Student Equity Plan](#). Funding requests are reviewed and recommended for approval or denial to the Vice President, Student Services by the assigned Student Equity Subcommittee.

<b>Project Title:<sup>1</sup></b>	
<b>Requested Funding Amount:</b>	
<b>Funding Category:</b>	
Academic and Student Support Services	Professional Development
Research Activities	Outreach      Other
<b>If your request is not fully funded, have you identified other potential sources to request for this activity/project? If yes, check all that apply.</b>	
<b>YES</b>	<b>NO</b>
<a href="#">Student Success and Support Program</a>	<a href="#">Basic Skills Initiative</a>
<a href="#">Professional Development</a>	Department/Discipline
General Fund	Grant Project: _____
<b>Target Populations: (Check all boxes that apply):</b>	
Asian	Two or More Races      Male      Low-income Students
African American/Black	White      Foster Youth      Veterans
Hispanic/Latino	Female      Students with Disabilities
<i>(See Appendix and Target Population Data)</i>	
<b>Provide a brief description of your project/activity including targeted disproportionate impacts:</b>	
<b>Estimated Project/Activity start date:</b>	<b>Estimated Project/Activity completion date:</b>
<b>Indicator(s) addressed in this project or activity (Check all boxes that apply):</b>	
Access	Course Completion      ESL and Basic Skills—Math, and English
Degrees and Certificate	Career and Transfer <i>(See Appendix for indicator descriptions)</i>

Project/Activity Lead:	<b>Project/Activity Participants:</b>
Department/Discipline:	
Email Address:	
Phone Number:	

1. Explain how this project or activity directly supports one or more of the Student Equity Goals and Outcomes.
  
2. Describe your timeline to implement the project or activity.
  
3. Identify your target group and estimate the number of students, faculty, or staff involved in your project or activity.
  
4. Describe the expected outcome(s) for this project or activity.
  
5. Identify the quantitative and qualitative data, along with process, you will use to assess the effectiveness of the project or activity. How will you measure outcomes?
  
6. Does the proposed project or activity address the College's core [matriculation](#) functions? (See MVC's SSSP Plan)      Yes      No      If yes, provide a brief description.

## Project/Activity Budget Details

2016-2017

If a category does not apply, please leave it blank.

Budget Category:	Estimated Cost:
Professional Development for Faculty and Classified Staff	
Non-Classified Employees	
Tutors/Aides/Other	
Supplemental Instruction	
Consultant(s)	
Guest Speakers	
Equipment (for students)	
Software	
Supplies/Materials	
Conference	
Travel/Mileage	
Meals (on campus)	
Outreach/Marketing	
Printing/Mailing	
Other:	
<b>TOTAL AMOUNT REQUESTED:</b>	

Budget Details:

NOTE: Project or activity funds that are requested and approved must be expended on or before December 31, 2016.

Signature of Project/Activity Lead: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Program or Department/Discipline: \_\_\_\_\_

Department Chair, Supervisor, or Designee's Review: \_\_\_\_\_ Date: \_\_\_\_\_

Supervising Dean/Manager or Designee's Review: \_\_\_\_\_ Date: \_\_\_\_\_

Student Success and Equity Committee's Recommendation:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Pending Clarification: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President, Student Services, or Designee:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Pending Clarification: \_\_\_\_\_ Date: \_\_\_\_\_