



**Columbia College
One-Time Funding Request
Form 2024 – 2025**

Contact Person	Phone Number	
Supervisor Name	Department	Date

- 1. Title of request**
- 2. Summary of the request**
- 3. Describe how this request supports the Columbia College Mission Statement and/or Vision Statement.**
Mission Statement located on this page: [About Columbia College](#)
- 4. Describe how this request supports the Columbia College Strategic Plan.**
Strategic Plan located on this page: [Institutional Effectiveness](#)
- 5. How does this proposal support program goals identified in your most recent program review?**
- 6. Briefly explain the need for this request.**
- 7. How does this request help your area grow and/or improve its quality?**

- 8. How many students will be served by this request?
- 9. Will students/instructors use this requested item directly for instruction?
- 10. Is the request one-time or ongoing? If ongoing, please specify frequency and duration.

11. Please complete the itemized budget below. Attach backup documentation and copies of estimates from internal and external sources, if applicable.

Item Detail	Unit Cost	Quantity	Instillation Cost (if applicable)	Tax & Shipping	Total
Total Cost:					

12. Are there other possible sources of matching funds? If yes, describe:

13. Safety Concerns: (Yes) (No) if yes, describe:

14. Accessibility Concerns: (Yes) (No) if yes, describe:

15. External Requirement: (Yes) (No) if yes, describe:

16. Information Technology Approval:

If the funding request requires a technology equipment or software purchase, connection to a District computer or connection to the District server, please work with YCCD Information Technology to obtain a quote and approval to ensure compatibility with our systems.

YCCD Information Technology (signature if applicable)

IT comment if necessary:

17. Facilities Operations Approval:

If the funding request requires equipment installation, please work with YCCD Facilities Operations to obtain a quote and approval.

YCCD Facilities (signature if applicable)

Facilities Operations comment if necessary:

18.	Dean/Director (Name & Title)	Signature	Date
19.	Vice President (Name & Title)	Signature	Date

Requests will be evaluated based on the following criteria:	Possible Points	Scored Points
Question 3: Support of the school mission/vision	20	
Question 4: Support of the school strategic plan	20	
Question 6: Demonstrated need within program	20	
Question 8: Potential growth/improvement	20	
Question 9: Number of students served	20	
Point Totals:	100	

FOR COLLEGE ADMINISTRATION USE:

Approved (Yes) (No)

Approved by:

Dean/Director (Name & Title)	Signature	Date
---	------------------	-------------