ANNUAL PROGRAM REVIEW

NAME OF PROGRAM/DEPARTMENT/SERVICE AREA: CARE

NAME OF PERSON SUBMITTING THIS REVIEW: Jodi Beynon

DATE OF SUBMISSION: 10/15/10

MANAGEMENT AREA (check one):

- ☐ **Administrative Services**
- ☐ **Instruction**
- ☒ **Student Services**

ASSESSMENT OF PAST PROGRESS

Describe your progress on your previous year's objectives:

Objective 1: **Per regulation, provide support services such as books, supplies, mileage reimbursement, meal tickets and fee payments to CARE eligible students.**	**Summary of Progress:** Severe budget cuts restricted services to academic advising and meal tickets.
Connection to other plans: Strategic Plan Goals 2.1, 2.2, 2.3 and 3.1; Education Plan Chapter 5 and Student Services Plan EOPS/CARE	**Resources/Budget Used:** $ 26,130.00

Objective 2:	**Summary of Progress:**
Connection to other plans:	**Resources/Budget Used:**

CURRENT YEAR PROGRESS AND OBJECTIVES

What objectives and tasks will you take on for this year? (You may continue objectives from the prior year.) Will your allocated resources be sufficient given your objectives?

Objective 1: **Continue with limited resources to provide as many services as possible for CARE eligible students.**	**Action Plan (include who is responsible):** The CARE Program Manager will conduct on-going needs assessments to support student learning.
Connection to other plans: Strategic Plan Goals 2.1, 2.2, 2.3 and 3.1; Education Plan Chapter 5 and Student Services	**Resources/Budget Needed:** $26,130.00

Plan EOPS/CARE

Objective 2:	**Action Plan** (include who is responsible)**:**
Connection to other plans:	**Resources/Budget Needed:**

BUDGET CHANGE REQUESTS FOR NEXT YEAR

Please provide rationale for budget *changes* (attach budget request sheets for entire annual budget).

Budget Request(s):		**Rationale** (include connection to other plans)**:**
Amount	**Account Code**	
$		
$		
$		

SUMMARY UPDATE FROM COMPREHENSIVE PROGRAM REVIEW

Based on data provided:

1. Describe the current status of the Program/Depart/Service Area.

The program remains operable with .25 Manager/Academic Advisor and minimal services provided: a few books, some car repair and meal tickets were distributed as needed.

2. Explain significant issues and/or changes that have occurred since the last comprehensive review.

At this point, the program has not received its allocation from the Chancellor's Office.

3. Briefly explain significant changes expected during the upcoming year.

The budget will dictate the amount of services provided.

APPENDIX

Attach supporting documents as appropriate. Please see Instructions for examples of supporting documents per Management Area.

2011-2012 BUDGET PROPOSAL

RESPONSIBILITY: Program Manager - CARE

FUND CODE: **1200 RESTRICTED - CATEGORICAL**
ORGANIZATION CODE: **30230 CARE**

FEATHER RIVER COMMUNITY COLLEGE DISTRICT

ACCOUNT CODE	ACCOUNT TITLE (Please provide specific detail supporting *Proposed Budget Request* .)	Strategic Planning Goals & Objectives Policy Area (If Applicable)	2009-10 ENDING BUDGET	2009-10 ACTUAL	2010-11 ADJUSTED FINAL BUDGET	2011-12 PROPOSED BUDGET REQUEST
2110	.25 Program Manager/Academic Advisor	2	$14,292.00	$13,513.00	$ 14,292	$ 14,292
3000	Fringes	2	$5,566.00	$5,350.00	$ 6,445	$ 6,445
4325				$138.00		
5100				$1,458.00		
5905				$73.00		
7500				$8,030.00		
7610	Meal-tickets for eligible students	2	$5,580.00	$6,780.00	$ 2,517	$ 2,517
7611		2	$494.00	$608.00		
7615		2	$198.00	$2,586.00		
7616				$76.00		
			$26,130.00	$38,612.00	$23,254.00	$23,254.00

Strategic Planning Goals & Objectives 2008 - 2011

Policy Area 1: Effectiveness of Instruction/Student Development
Policy Area 2: Sustainability/Economic Stability
Policy Area 3: Enrollment Management
Policy Area 4: Decision-Making and Communication
Policy Area 5: Campus Environment
Policy Area 6: Facilities