Operational Unit Program Review
Continuous Quality Improvement Proposal (CQIP)
Resource: _____

Operational:
Board Policy?   □ Yes   □ No   Administrative Procedure?   □ Yes   □ No

Fiscal:
□ One-time Funds   □ Ongoing Funding

Issue: *Briefly describe the issue.*

_____

Vision/Mission/Institutional Master Plan Alignment: *Address if this proposal is aligned with the College's vision, mission, and/or a strategic goal within the Institutional Master Plan. Usually these proposals have quoted a portion of one or more of areas being aligned with.*

_____

Program Review Objective: *Identify Program Review Objective/Effort if applicable.*

_____

Background: *Describe the background on this issue – where we are at the present time and how we got here.*

_____

Rationale: *Explain the reasoning behind the proposed improvements.*

_____

Budgetary Impact: *Detail any funding impact to the proposed improvements; sometimes this is a reduction in expenses, and sometimes there is increased spending needs to accomplish the improvements (e.g., a capacity issue within a programmatic area). However, sometimes the proposed improvement has no budgetary impact as it is a process or procedure improvement that does not have a financial component to it. Please explain and justify the extent of the impact(s) here.*

_____

Resource Allocation Adjustments (if any): *Like with fiscal impacts, process and procedure improvements can require changes in how resources on campus are allocated; it could be streamlining people's time, or tasks, or workflows, etc. Or the CQIP is addressing capacity issues for a programmatic area; in these circumstances there is likely both a budgetary impact AND resource allocation adjustment. These adjustments are detailed here.*

_____

Recommendation: *The recommendation is usually to implement the proposed improvement, and this gives a chance to briefly summarize the issue and its positive impact. In matters of budgetary increase requests this is a good place to reiterate and document the justification.*

_____

Submitted By: _____ Date: _____

Action Taken: _____