

**Student Success Equity Council**  
**REQUEST FOR FUNDING FORM**

Primary Contact Person(s): \_\_\_\_\_ Ext.: \_\_\_\_\_

Program/Workgroup/Department(s): \_\_\_\_\_

**List of Partners/Participants:**

**Name**

1. Project Title:

2. Brief Description of proposed project and issue(s) you plan to address (not to exceed 250 words):

3. Identify the proposed target “disproportionate impact” group(s) to be impacted:

- Veterans
- Foster Youth
- African-American
- Latino
- Ages 25-49
- Students with Disabilities

4. Identify the specific goals/activities from SE Plan that you will address:

<http://www2.palomar.edu/pages/ssec/files/2015/09/Student-Equity-Plan-GB-Approved-11.12.14.pdf>

5. Describe your proposed intervention strategies/activities:

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6. Describe your implementation timeline:

7. Reference and explain the research studies that support your proposed intervention(s):

8. Describe your anticipated outcome(s):

9. Describe how you plan to evaluate progress toward these outcome(s):

10. Identify the evaluation support you anticipate needing from the Institutional Research Office:

11. Excluding SE and SSSP, identify the available funding resources (sources and amounts) that you will have access to:

# Student Success Equity Council

## REQUEST FOR FUNDING FORM

### Funding Requested from Student Equity:

- I have read the Acceptable and Unacceptable Uses of Student Equity Funds for Fiscal Year 2014 – 2015.

Budget Category	Item Description	Quantity Needed	Total Amount
1. Staff	Identify pay rate/ hours/benefits <small>(link to Fiscal Services benefits worksheet below): <a href="http://www.palomar.edu/fiscal_services/LeftNav/Forms.html">http://www.palomar.edu/ fiscal_services/LeftNav/Forms.html</a></small>		
	Hourly Employees		
	Classified Staff		
	Faculty		
	Consultants		
2. Supplies/Materials			
3. Equipment			
4. Services			
5. Printing			
6. Mailing			
7. Travel			
8. Food			
9. Facilities Needed			
10. Other			

**Total Cost of Project:**