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**EMCC Retention and Completion New Intervention Project Proposal Form**

October 2020 Version

**Name:** Click here to enter project champion name

**Champion Email:** Click here to enter project champion email address

**Intervention/Program/Project Name:** Name of Program/Project/Intervention

**Funding source for the Pilot Project:** Grant, reallocation of funds, requesting college funds?

**If the project is successful, what is the funding source to sustain the project?** Grant, reallocation of funds, requesting college funds?

1. **Description of Intervention/Program/Project**

**Short Description of Intervention/Program (250 words max):**

Enter short description of intervention/program here

**Long Description of Intervention/Program (1,000 words max):**

Click here to enter long description of intervention/program here

**2. Anticipated Launch Date (Year and Month):**

**Launch Date**: 00/00/0000

**End Date**: 00/00/0000

**3. Program Goals:**

**What college outcomes will be improved (Course successful completion rates, persistence to the next term, certificate/degree completion, other)?**

☐Increase Successful Course Completion Rates (C or Higher)

☐Increase fall-to-spring and/or fall-to-fall retention

☐Increase certificate/degree completion

**4. Describe how you will evaluate the success of the program/project?**

 Qualitative Methodology and Data:

Quantitative Methodology and Data:

**5. Are the outcomes linked to one of EMCC’s Strategic Super Goals?**

☐Increase number of degree/award completers by 30%

☐Achieve annualized enrollment growth of 3%

☐Make EMCC a Great Place to Work – B or Better for all Core Values

**6. Who is the Student Population?**

**Description of population:**

Enter description of student population here

**How many unduplicated students will be served in each academic year (fall to summer)?**

Enter number here

**7. Are there other interventions targeting a similar outcome and student population?**

List other interventions here

**8. What literature/best practices support this intervention?**

Enter literature/best practices here

**9. What is the cost for the first year? What departments do you need assistance from (e.g. in-kind hours)?**

**Include direct cost below:**

|  |  |  |
| --- | --- | --- |
| **Types of Direct Costs** | **Description of Direct Costs** | **Annual Estimated Cost** |
| Personnel  | Enter personnel cost description here |  Enter annual estimated personnel cost here |
| Equipment | Enter equipment cost description here | Enter annual estimated equipment cost here |
| Supplies  | Enter supplies cost description here | Enter annual estimated supplies cost here |
| Student Stipends/Scholarships  | Enter student stipend/scholarship cost description here | Enter annual estimated student stipend/scholarship cost here |
| Office Space/Facilities | Enter office space/facilities cost description here | Enter annual estimated office space/facilities cost here |
| Other | Enter other costs description here | Enter annual estimated other costs here |

 **In-Kind Services & Resources:**

|  |  |  |
| --- | --- | --- |
| **Type of In-Kind Resources** | **Description of In-Kind Resources** | **Annual Estimated (e.g. # of volunteered or repurposed staff hours)** |
| Personnel (volunteer or repurposed responsibilities) Specify the percentage of reassigned time for each existing employee participating in the project. Approval has been obtained from all supervisors. (check box here.) |  Enter personnel in-kind cost description here |  Enter annual estimated personnel in-kind cost hours here |
| Percentage of time repurposed (full-time staff members) | Enter a description of what position(s) are being repurposed. Identify new duties and what duties will be done less frequently or not done at all.  | For each staff member, list what percentage (10% to 100%) of the position will be reallocated to the program.  |
| Temporary Activity Space (e.g., Estrella Conference Center) | Enter temporary activity space in-kind cost description here |  Enter annual estimated temporary activity space in-kind cost hours here |
| Service of another department (IT, Financial Aid, OPIE, etc.) |  Enter service of another department in-kind cost description here |  Enter annual estimated service of another department in-kind cost hours here |
| Other |  Enter other in-kind costs description here | Enter annual estimated other in-kind cost hours here |

**10. If the effort proves effective, what would is the total direct cost of scaling the effort on a yearly basis for sustainability considerations?**

 **Total Cost at Scale (see question #7 to estimate costs)**

|  |  |  |
| --- | --- | --- |
| **Types of Direct Costs** | **Description of Direct Costs** | **Annual Estimated Cost** |
| Personnel  | Enter scaled personnel cost description here | Enter annual estimated scaled personnel cost here |
| Equipment | Enter scaled equipment cost description here | Enter annual estimated scaled equipment cost here |
| Supplies  | Enter scaled supplies cost description here | Enter annual estimated scaled supplies cost here |
| Student Stipends/ Scholarships  | Enter scaled student stipend/scholarship cost description here | Enter annual estimated scaled student stipend/scholarship cost here |
| Other | Enter scaled other costs description here | Enter annual estimated scaled other costs here |

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| Retention and Completion Implementation Action Plan**Name of Intervention:** Insert name of intervention/program/project here**Lead:** Insert intervention/program/project lead name here **Team Members:** Insert team members names here |
| Insert month and year here | Insert actions planned to take place during this month |
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**After completing this form, please email it to:**  **dl-emc-opie@estrellamountain.edu**