

Resource Request Process FY2026

TO: LC STATE EMPLOYEES

FROM: Julie Crea, VP for Finance and Administration

SUBJECT: RRF Process

Regarding the Resource Request Form process for FY2026, the following information and context are provided to help guide this year's process.

LC State will continue to closely review all budget requests to ensure that resources are allocated in alignment with the college's Mission and Strategic Plan. While fall enrollment appears stable, it has not yet fully returned to the higher levels seen in 2018 or other peak years. As such, resource requests will be evaluated and prioritized based on the following criteria. Please note that divisions and departments may still use local funds to meet operational needs.

1). Departments must provide a plan for a 0% or flat division/departmental budget (Personnel, Irregular Help, Operating Expenses and Capital Outlay). For the purposes of the RRF process, please describe how you plan to reprioritize current budget resources to address possible adverse affects of a flat budget, such as contractual increases.

2). There may be some (limited) opportunities for 1X request considerations. Units putting forward such requests must demonstrate alignment with the Presidential Priorities of Value Proposition (affordable, accessible, and accomplished), Recruit and Retain, and Work Better Not Harder.

a). 1X requests must have and provide details for measurable outcomes clearly linked to the Presidential Priorities.

b). 1X requests may span up to 2-years, at which time as evidenced by the measurable outcomes, self-sustainability is expected. Requests for equipment and/or temporary (IH) personnel for new programs to increase enrollment are examples of 1X funding requests. Anticipated enrollment growth and net cost benefit demonstrating the program will become self-sustaining within up to 2 years, is an example of a measurable outcome.

c). If the request does not meet these criteria, please do not include it on the RRF form.

3). Get ready for the return of our very own 'Shark Tank'! This year, we're hosting an exclusive round of presentations for onetime funding initiatives aimed at boosting recruitment and retention. Bring your boldest, most innovative ideas to the table, because we're looking for creative and game-changing proposals for one-time RRF requests. Don't miss your chance to make a big splash!

4). Technology needs are part of the overall flat budget parameters and reflected in the current budget resources reprioritization described above. New and/or reoccuring technology needs must be linked to the Presidential Priorities, and provide details for a measurable outcome.

5). The RRF form is the official document for requesting funding for Physical Plant related alterations, repairs, and maintenance for all periods of the year, including summer. This allows PP to adequately plan, prioritize, and budget labor and resources. If the request is not related to maintenance and repair, such as carpet replacement or painting and is a non-repair item such as relocating walls or renovations, please include how it relates to the Presidential Priorities, inclusive of measurable outcomes.

6). New this year: two additional areas applicable only to certain divisions/departments: a) Administrative Fees, and b) Auxiliary Services Annual Revenue Contribution. These are existing processes that have now been integrated into the RRF process for a single annual review of requested fees.

Please ensure these considerations are followed when preparing and submitting documents by Dec. 2, 2024. Submit the RRF to your VP and/or President for review by this date. Their delegate will then post it to the Assessment and RRF Teams site. The full timeline is available on the UAR/RRF (Program Assess, Plan, RRF) Teams Site under the FILES tab.

Functional Area Committees (FACs) chaired by the area Vice Presidents or designee(s) will review RRF requests between January - February, to discuss and prioritize items. Emergent priorities will be presented to the President's Executive Cabinet between February - March.

We commit to sharing information with you throughout the budget setting cycle.

Directions

- Step 1: Use the Resource request tab for your request.
 - If entering personnel requests, the sheet will automatically calculate the FY2026 fringe/health rates.

Please use the Personnel tab for any employee/staffing requests

Please use the Technology tab for any software or hardware requests (laptops, desktops, etc.)

Please use the Physical Plant tab for any requests for office remodels, painting, carpets, etc.; note this is the official form for Please use the Other tab for all other requests such as new classroom desks/chairs, office desk/chairs, support for new programs or services, etc.

Within the request cost, please list the net request after consideration of reallocations, grant opportunities etc. Ex: Requesting 1.00 FTE position for \$50,000; reallocating resources of \$20,000; Net request is \$30,000



Division/Department & Program Name Unit

FLAT BUDGET SCENARIO Form

Please use this form to assist the campus with financial planning by briefly describing how your area could maintain or reduce expenses. Please utilize the FY2025 budget book to determine your base budget and enter the total account budget (salaries, fringe, irregular help, operating expenses, and capital outlay) below.

 Link to FY2025 Budget Book
 TEAMS/LC State Intranet/Budget Office

 Account Name and #
 Total Budget

 \$

Briefly describe how a 0% or flat budget affects your area.

If applicable, briefly describe how you would reduce expenses to accommodate inflationary/contractual increases with a flat budget.

Account Name and # Total Budget \$ -

Briefly describe how a 0% or flat budget affects your area.

If applicable, briefly describe how you would reduce expenses to accommodate inflationary/contractual increases with a flat budget.

Account Name and # Total Budget \$ -

Briefly describe how a 0% or flat budget affects your area.

If applicable, briefly describe how you would reduce expenses to accommodate inflationary/contractual increases with a flat budget.

Account Name and # Total Budget \$ -

Briefly describe how a 0% or flat budget affects your area.

If applicable, briefly describe how you would reduce expenses to accommodate inflationary/contractual increases with a flat budget.



| Division/Department & Program Name | 0 |
|------------------------------------|---|
| Unit | 0 |

PERSONNEL Request Form

Please use this form to request new employees, reclassifications of existing employees, or increases in FTE for existing employees.

| Pl | ease list in order of priority, highest priority f | irst | | | | | | | | | | | | | | rm will be sent back if blank |
|----|---|--------------|---------------------|----------------|------------------|----------------|-------------|----------|-------------------|--------------|-------------|----|-----|---------|------------------|----------------------------------|
| # | Request Description | Туре | Category | Current FTE | Requested FTE | FTE Increase | Sa | lary | Classification | Fringe | | ін | Tot | al Cost | Funding Category | Strategy |
| 1 | | | | | | 0.00 | \$ | - | Choose One | \$ - | \$ | - | \$ | - | | Choose One |
| | Describe how the request relates to the Preside | ntial Priori | y of enrollment and | d streamlinir | ng. INCLUDE a | at least one m | easura | ble outc | ome for this requ | uest. | | | | | | |
| 2 | | | | | | 0.00 | \$ | - | Choose One | \$- | \$ | - | \$ | - | | Choose One |
| | Describe how the request relates to the Preside | ntial Priori | y of enrollment and | d streamlinir | ng. INCLUDE a | at least one m | easura | ble outc | ome for this requ | uest. | | | | | | |
| 3 | 3 | | | | | 0.00 | \$ | - | Choose One | \$- | \$ | - | \$ | - | | Choose One |
| | Describe how the request relates to the Preside | ntial Priori | y of enrollment and | d streamlinir | ng. INCLUDE a | - | 1 | ble outc | | | _ | | | | | |
| 4 | | | | | | 0.00 | \$ | - | | \$ - | | | \$ | - | | Choose One |
| 5 | | | | | | 0.00 | \$ | _ | Choose One | \$ - | iest. \$ | - | \$ | - | | Choose One |
| | Describe how the request relates to the Preside | ntial Priori | y of enrollment and | d streamlinir | ng. INCLUDE a | | easura Ś | bie outc | ome for this requ | uest. Ś - | Ś | - | Ś | - | \$ - | |
| | | | | | | | | | | | T | | F | | , | |

Pg. 2 Additional narrative if necessary



Division/Department & Program Name 0 Unit

Prior to requesting technology on the RRF form, please contact IT to explore your request from a purchase, implementation, and support perspective.

INFORMATION TECHNOLOGY Request Form

Please use this form to request technology such as computers and software.

| Ple | ase list in order of priority, highest priority fi | rst | | | | | REQUIRED - F | orm will be sent back if blank |
|-----|--|-------------|--------------------|--------------|-----------|-------------------|----------------|-----------------------------------|
| | | | | | | | Funding | |
| # | Request Description | Туре | Category | OE | СО | Total Cost | Category | Strategy |
| 1 | | | Technology | \$ - | \$- | \$ - | | NA |
| | Describe how the request relates to the Presider | tial Priori | ty of enrollment a | and streamli | ning INCL | UDF at least | one measurable | outcome for this request |

est relates to the Presidential Priority of enrollment and streamlining. INCLUDE at least one measurable outcome for this request.

| 2 Technology \$ - \$ | - \$ - | NA |
|----------------------|--------|----|
|----------------------|--------|----|

Describe how the request relates to the Presidential Priority of enrollment and streamlining. INCLUDE at least one measurable outcome for this request.

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Describe how the request relates to the Presidential Priority of enrollment and streamlining. INCLUDE at least one measurable outcome for this request.

Describe how the request relates to the Presidential Priority of enrollment and streamlining. INCLUDE at least one measurable outcome for this request.

| 5 | Technology | \$ - | \$- | \$- | | NA |
|---|------------|------|-----|-----|--|----|
|---|------------|------|-----|-----|--|----|

Describe how the request relates to the Presidential Priority of enrollment and streamlining. INCLUDE at least one measurable outcome for this request.

Total Request

\$ - \$ - \$ - \$ -



| Division/Department & Program Name | |
|------------------------------------|--|
| Unit | |

OTHER Request Form

Please use this form to request items that are NOT Personnel, Technology, or Physical Plant Related such as support for new programs or services.

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| Please list in order of priority, highest (| oriority first | | | | | ו will be sent back if lank |
|---|----------------------------|---------------------|--------------------|------------------|---------------------|--------------------------------|
| # Request Description | Туре | OE | со | Total Cost | Funding Category | Strategy |
| 1 | \$ | - | \$- | \$ - | NA | 4 |
| Describe how the request relates to the | e Presidential Priority of | f enrollment and st | treamlining. INCLU | JDE at least one | e measurable outcon | ne for this request. |
| | | | | | | |
| | | | | | | |
| 2 | \$ | - | \$- | \$ - | NA | 4 |
| Describe how the request relates to th | e Presidential Priority of | fenrollment and st | treamlining. INCLU | JDE at least one | measurable outcon | ne for this request. |
| | | | | | | |
| | | | | | | |
| 3 | | | \$- | \$ - | NA | Δ |
| Describe how the request relates to the | | | | | | • |

| 4 | | | | | | | \$ | - | | NA | | |
|------------------------|----------------------------|----------------|-------------------|-------------|-----------------------|-------------|----------------|---------|----------------|------------|----------------|-------|
| Describe how the reque | est relates to the Preside | ential Priorit | y of enroll | ment and s | treamlini | ng. INCLUDI | E at lea | ast one | measurab | le outcome | e for this req | uest. |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 5 | | | \$ | - | \$ | - | \$ | - | | NA | | |
| 5 | | | | | | | | | | INA | | |
| Describe how the reque | est relates to the Preside | ential Priorit | y of enroll | ment and s | treamlini | ng. INCLUDE | E at lea | ast one | measurab | | e for this req | uest. |
| Describe how the reque | est relates to the Preside | ential Priorit | y of enroll | lment and s | treamlinii | ng. INCLUDI | E at lea | ast one | measurab | | e for this req | uest. |
| Describe how the reque | est relates to the Preside | ential Priorit | y of enroll | ment and s | treamlini | ng. INCLUDI | E at lea | ast one | measurab | | e for this req | uest. |
| Describe how the reque | est relates to the Preside | ntial Priorit | y of enroll \$ | ment and s | ı treamlinii \$ | ng. INCLUDE | E at lea \$ | ast one | measurab \$ | | e for this req | uest. |
| _ | est relates to the Preside | ntial Priorit | y of enroll \$ | lment and s | treamlinii \$ | ng. INCLUDA | E at lea | ast one | measurab \$ | | e for this req | uest. |

Pg. 2 Additional narrative if necessary



Division/Department & Program Name Unit

Prior to requesting a Physical Plant (PP) item on the RRF form, please contact PP to analyze your request from a timing, construction, and logistical perspective. All PP requests must include a cost estimate provided by PP. To receive priority scheduling, please include any request for maintenance and repair projects for the fall, spring, or summer. Project requests received through the RRF will be prioritized over work requests.

PHYSICAL PLANT Request Form

Please use this form to request projects such as new carpet, painting, office remodels, etc..

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| Please list in order of priority, highest priority | Please list in order of priority, highest priority first | | | | | | | | | | |
|--|--|----------------|-----|------|------------|------------------|----------|--|--|--|--|
| # Request Description | Туре | Category | OE | со | Total Cost | Funding Category | Strategy | | | | |
| 1 | One Time | Physical Plant | \$- | \$ - | \$ - | NA | | | | | |

Describe if maintenance/repair or non-maintenance/repair. If non-maintenance/repair include how it relates to the Presidential Priority of enrollment and streamlining AND include at least one measurable outcome.

| 2 | One Time | Physical Plant | \$ - | \$- | \$ - | NA |
|---|----------|----------------|---------|-----|------|----|
| | | | | | | |

Describe if maintenance/repair or non-maintenance/repair. If non-maintenance/repair include how it relates to the Presidential Priority of enrollment and streamlining AND include at least one measurable outcome.

Describe if maintenance/repair or non-maintenance/repair. If non-maintenance/repair include how it relates to the Presidential Priority of enrollment and streamlining AND include at least one measurable outcome.

| 4 | | One Time | Physical Plant | | \$ - | NA | 4 | |
|---|--|----------|----------------|--|------|----|---|--|
| | | | - | | | | _ | |

Describe if maintenance/repair or non-maintenance/repair. If non-maintenance/repair include how it relates to the Presidential Priority of enrollment and streamlining AND include at least one measurable outcome.

Describe if maintenance/repair or non-maintenance/repair. If non-maintenance/repair include how it relates to the Presidential Priority of enrollment and streamlining AND include at least one measurable outcome.

Total Request



RRF SUMMARY

Division/Department & Program Name

Unit

The purpose of the LCSC Resource Request Form is to facilitate the planning process for LCSC programs to request funds, both for ongoing and one-time purposes, which will advance their work to support the College's Strategic Plan and overall effectiveness.

Listed in order of priority, highest priority first

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| | | | | | | | Funding |
|-----------------------|------------------------|----------------|-----------------------|-----|-------|--------------|---------------------|
| # Request Description | Type Categ | ory FTE Salary | Classification Fringe | OE | IH | CO Total Cos | t Category Strategy |
| P1 | 0 0 | 0 0.00 \$ - | Choose One \$ - | | \$- | \$ | - 0 Choose One |
| P2 | 0 0 | 0 0.00 \$ - | Choose One \$ - | | \$- | \$ | - 0 Choose One |
| Р3 | 0 0 | 0 0.00 \$ - | Choose One \$ - | | \$- | \$ | - 0 Choose One |
| P4 | 0 0 | 0 0.00 \$ - | Choose One \$ - | | \$- | \$ | - 0 Choose One |
| P5 | 0 0 | 0 0.00 \$ - | Choose One \$ - | | \$- | \$ | - 0 Choose One |
| Τ1 | 0 0 Technol | ogy | | \$- | \$ | - \$ | - 0 NA |
| Γ2 | 0 0 Technol | оду | | \$- | \$ | - \$ | - 0 NA |
| ГЗ | 0 0 Technol | оду | | \$- | \$ | - \$ | - 0 NA |
| Γ4 | 0 0 Technol | ogy | | \$- | \$ | - \$ | - 0 NA |
| 15 | 0 0 Technol | оду | | \$- | \$ | - \$ | - 0 NA |
| PP1 | 0 One Time Physical P | ant | | \$- | \$ | - \$ | - 0 NA |
| PP2 | 0 One Time Physical Pl | ant | | \$- | \$ | - \$ | - 0 NA |
| PP3 | 0 One Time Physical Pl | ant | | \$- | \$ | - \$ | - 0 NA |
| PP4 | 0 One Time Physical Pl | ant | | \$- | \$ | - \$ | - 0 NA |
| PP5 | 0 One Time Physical Pl | ant | | \$- | \$ | - \$ | - 0 NA |
| 01 | 0 0 Ot | her | | \$- | \$ | - \$ | - 0 NA |
| 02 | 0 0 Ot | her | | \$- | \$ | - \$ | - 0 NA |
| 03 | 0 0 Ot | her | | \$- | \$ | - \$ | - 0 NA |
| 04 | 0 0 Ot | her | | \$- | \$ | - \$ | - 0 NA |
| 05 | 0 0 Ot | her | | \$- | \$ | - \$ | - 0 NA |
| Summary | | 0.00 \$ - | · \$ - | \$- | \$-\$ | - \$ | - |

Shark Tank Proposals

The purpose of this exclusive round of presentations is to fund bold, innovative initiatives aimed at boosting recruitment and retention through one-time RRF funding for up to three years. We seek creative, game-changing proposals that offer fresh ideas and have measurable outcomes. This initiative encourages individuals and teams to engage in strategic possibility thinking, with a focus on developing projects or programs that can drive long-term growth and success over the next 2-3 years. Seize this opportunity to make a big impact and shape our LC State future!

1. Complete the form.

2. Review with respective VP and/or President.

3. Proposals will be reviewed by the Executive Cabinet.

4. The Executive Cabinet will selected one or more projects for which a fuller business plan will be developed.

5. Business plans will be presented to the Executive Cabinet during the FAC FINAL review. One or more projects will be selected for funding.

6. If approved, VP notifies the Budget Office.

| Section | Complete the fields below (over write the instructions) |
|--|---|
| Project Name | Provide the name of the project |
| Team/Individual Name | Include the name of the individual or team submitting the proposal |
| Contact Information | Provide email and phone number |
| Brief Project Description | Provide a brief summary of the project |
| Total Desucated Funding Amount | Enter the total amount of one-time funding requested |
| Total Requested Funding Amount | Provide details for the Requested Funding Amount (ex: 1.00 FTE, \$100K in operating |
| Details for the Requested Funding Amount | expenses for marketing, etc.) |
| Estimated Start Date | When will the project begin? |
| Estimated End Date | When will the project end? (Note: 2-3 year time frame) |
| Primary Objective of the Project | State the main objective(s) of the project |
| General Project Description (Including Milestones) | Provide a detailed description, including key milestones |
| Expected Impact on Recruitment and Retention | Explain how the project will improve recruitment and retention |
| Key Performance Indicators (KPIs) | List the measurable outcomes that will be used to track success |
| Estimated Project Timeline (Phases with Dates)(must be self sustaining within 2-3 years) | Break down the project timeline into key phases with expected dates |

Additional Comments

Include any additional relevant information

LC State Administrative Fee Request Form

Request form for increases in higher education administrative fees, such as parking, lost WarriorOne Card, library fine, parking fine, returned check, graduation applications, room and board, childcare fees, etc. The purpose is to integrate each of these fees that are external to the "Tuition and Fee" process into the RRF process. See SBOE Policy V.R. "Additional Mandatory Fees, Discretionary Fees, and Fines and Infractions", page 10, for the types of fee changes to request on this form. https://boardofed.idaho.gov/board-policies-rules/board-policies/financial-affairs-section-v/v-r-establishment-of-fees/.

- Complete the form.
 Review with respective VP and/or President.
- A Review Wint respective of and/or resident.
 Review during the FAC crite.
 4. VP reviews with Executive Cabinet during the FAC FINAL review.
 5. If approved, VP notifies the Budget Office & Administrative Services.

Department/Division: Date of Submittal:

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| | REQUIRED FIELDS | | | | | | REQUIRED FIELD | | | REQUIRED FIELD | |
|---------------------------------|---|--|--------|--|-----------------------------|---------------|----------------|---|---------------------------------|--|--|
| Fee Type/Name | Request Type (New Fee, Adjusted Fee, Remove Fee, Repurpose Fee) | Current Purpose of Fee | | Current Fee/Frequence of Fee Assessment | Adjusted Proposed Fee | Adjusted (\$) | % Adjustment | Estimated # of Payees (based upon Frequency of Fee Assessment) | Potential Revenue Adjustment | Rationale for Adjustment | |
| Example ONLY: Annual Parking | Adjusted Fee | Supports personnel costs and equipment for public safety staff | Annual | \$ 80.00 | \$ 90.00 | \$ 10.00 | 13% | 1,000 | | Necessary to pay for additional public safety staff and equipment | |
| | | | | | | \$ - | #DIV/0! | | \$ - | | |
| | | | | | | \$ - | #DIV/0! | | \$ - | | |
| | | | | | | \$- | #DIV/0! | | \$ - | | |
| | | | | | | \$ - | #DIV/0! | | \$ - | | |
| | | | | | | \$ - | #DIV/0! | | \$ - | | |
| | | | | | | \$ - | #DIV/0! | | \$- | | |
| | | | | | | \$ - | #DIV/0! | | \$ - | | |
| | | | | | | \$ - | #DIV/0! | | \$ - | | |

Auxiliary Unit Annual Revenue Contribution Review

The request form is used to determine the annual revenue contribution from auxiliary units back to the institution. This applies exclusively to auxiliary services as identified by the respective VP and/or President (e.g., WFT, Public Safety, Events and Conferencing, etc.). The revenue target is calculated based on a 3-year average of adjusted gross revenues and is set annually, effective July 1. The target is reviewed each year during the RRF process and adjusted for the following fiscal year, starting on July 1. For example, if a department/division establishes an institutional contribution of \$1,500 per year, that amount is effective on July 1 and will be transferred at the end of the fiscal year on lune 30.

Note: Gross Revenue is less transfers out and reduces based upon existing institutional contributions (ex: transfers out for administrative costs). Adj. does not account for internal departmental transfers and transactions, adi, is only for external administrative cost transfers.

If adjusting gross revenue: Department/Division to pull information from Finance Query to detail gross revenue. Provide this to the respective VP and then the VP approves the adjusted gross revenue for this form.

Note: Budget Office will provide VPs and President with the applicable auxiliary units' Gross Revenue less transfers out for additional documentation.

Department/Division reviews gross revenue in Finance Query and if applicable, adjusts gross revenue and provides rationale for the adjustment.
 Department/Divison reviews form with the respective VP and/or President.
 VP reviews the form and recommendation with Executive Cabinet during the final FAC review.

4. If approved by the President, the form and approval is sent to the Budget Office.

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Department/Division: Prepared by:

Auxiliary Unit Year 1 Adjusted Year 2 Adjusted Year 3 Adjusted tial Proposed Tax ond/Loan Amoun Adjustment to Tax Adj Proposed Tax Justification/Comments 3-Year Average Initial Bond Gross Revenue Gross Revenue Gross Revenue Adjusted Gross Proposed Tax Amount (%) Fees/Loan Per Year Amount Amount (\$) Revenue Amount (\$) (Yes/No) dj. to adj. gross revenue ex: ABC Department 10,000.00 15,000.00 Ś 20,000.00 15,000.00 2,000.00 5,000.00 (500.00 1,500.00 13 Yes ccounts for an annual #DIV/0 #DIV/0 #DIV/0! #DIV/0!